



**SECRET**  
(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED 31 July 1973	
1. SERIAL NUMBER 007667		2. NAME (Last-First-Middle) Bustos-Videla, Charlotte Z.									
3. NATURE OF PERSONNEL ACTION Reassignment						4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 03 03 73		5. CATEGORY OF EMPLOYMENT Regular			
6. FUNDS X V TO V CF TO V		7. PAN AND NSCA 42354525 0000		8. LEGAL AUTHORITY (Completed by Office of Personnel)							
9. ORGANIZATIONAL DESIGNATIONS DDO/WH Division FI Staff						10. LOCATION OF OFFICIAL STATION Washington, D.C.					
11. POSITION TITLE OPS Officer (13)						12. POSITION NUMBER 0640		13. CAREER SERVICE DESIGNATION D			
14. CLASSIFICATION SCHEDULE (GS, I, II, etc.) GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 13 7		17. SALARY OR RATE \$ 23642 ✓					
18. REMARKS  Home Base: WH											
18A. SIGNATURE OF PROCESSING OFFICIAL H. L. Beuthold C/WH/Pers				DATE SIGNED 31 Jul 73		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER W. L. Korman P-2-73				DATE SIGNED	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 39	20. EMPLOY. CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 51100 WH		22. STATION CODE 75013	23. INTERC. CODE	24. HDQTRS CODE 1	25. DATE OF BIRTH MO. DA YR 21 12 29	26. DATE OF GRADE MO. DA YR	27. DATE OF LEI MO. DA YR		
28. RTE EXPIRES MO DA YR		29. SPECIAL REFERENCE	30. RETIREMENT DATA CODE		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE MO DA YR		33. SECURITY REQ NO		34. 12	
35. RES. PREFERENCE CODE 0-NONE 1-3 PT 2-10 PT		36. SERV COMP DATE MO DA YR		37. LONG COMP DATE MO DA YR		38. CAREER CATEGORY CODE CAB/RESV PROV/TEMP		39. LEGIT/HEALTH INSURANCE CODE CODE -WATER -FIS -DIP/OPP -RELEASABLE		40. SOCIAL SECURITY NO	
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 1 YEAR) 3-BREAK IN SERVICE (MORE THAN 1 YEAR)				42. LEAVE CAT CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE 1-YES 2-NO	44. STATE TAX DATA NO TAX EXEMPTIONS FORM EXECUTED 1-YES 2-NO		45. CODE NO TAX STATE TEMP CODE			
46. POSITION CONTROL CERTIFICATION 1106-8-3-73						47. OF APPROVAL W. L. Korman		48. DATE APPROVED 8-4-78			

FORM 1152  
8-72

USE PREVIOUS EDITION

**SECRET**

CLASSIFIED BY 01-0332

11-2  
AMDR

(4)

~~SECRET~~  
EYES ONLY

17 JAN 1973

**MEMORANDUM FOR: Chairman, GS-13 Evaluation Board**

**SUBJECT : Recommendation for Promotion to GS-14**  
**Charlotte Bustos-Videla**

1. It is recommended that Charlotte Bustos-Videla be promoted from GS-13 to GS-14.

2. The performance of this officer has been characterized for many years by all of her supervisors as consistently strong to outstanding. She has been able to establish herself as indispensable in each Headquarters Branch or Field Station assignment, usually functioning as the backbone of the unit to which assigned. Since return to Headquarters in September 1972 from her field assignment in Mexico, her performance has been entirely congruent with the thrust of the Field Station's enthusiasm over her ability, performance, attitude and growth potential. She is currently chief of the Cuban and CA Section of her branch, and has established once again her mastery over her assigned duties. She is the kind of sound, dependable, yet imaginative officer greatly appreciated by her supervisors. In short, she is a true professional who performs beyond her grade level.

3. In regard to her potential, she has served in the Agency since 1951, starting as a secretary/stenographer, and advancing brilliantly with each new challenge offered. She achieved professional status in 1953 and has spent the bulk of her time since then specializing in Latin American affairs, demonstrating total flexibility in assignments, a voracious appetite for work and a penchant for exceptionally precise and thorough production. A review of her career to date can lead to the conclusion that she has always risen successfully to each new professional challenge, and is still far from reaching her maximum capacities. While she has had little supervisory experience in the field, her supervisor was of the opinion that she is a "natural leader". This has been borne out in her performance in her current capacity as a Branch Section Chief, in which she has demonstrated exemplary supervisory ability. Notwithstanding her drive, aggressiveness and professional aplomb, she is a popular co-worker, is receptive to guidance and sensitive and responsive to the needs of her subordinates.

~~SECRET~~  
EYES ONLY

12-1-73

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EYES ONLY  
- 2 -

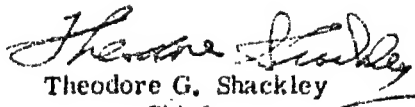
4. This employee has utilized her fluency in the Spanish language to maximum advantage in her work. Formal testing recently confirmed her high proficiency in that language. Coupled with a comprehensive training record and her invaluable experiences over a twenty year period, she has become particularly effective in Latin American operations and operational support, demonstrating excellence in each of several recognized specializations, including CI operations, functional support, reports and requirements, area support and varied covert action activities.

5. The officer's adaptability, high intelligence and mastery over her trade was of inestimable value to Mexico City Station, and over a five year period from 1967 to 1972, she functioned as the Station's internal troubleshooter. Her duties included the maintenance of

[redacted] target analysis, reports writing, operational support, handling of [redacted] agents, and special assignments as the Chief of Station's Executive Assistant.

6. The employee is occasionally called upon by the Office of Training to administer specialized training, and she was chosen recently to attend the Mid-Career Course ending in December 1972. Meanwhile, her absence from her new job is felt sorely by the Branch. It is expected that her current assignment will last about two years.

7. In summary, we have here an exceptional officer who has been performing at the level of a GS-14 for some years; it is now time to promote her to that grade commensurate with her performance and which she so justly deserves.

  
Theodore G. Shackley  
Chief  
Western Hemisphere Division

SECRET  
EYES ONLY



~~SECRET~~

MEMORANDUM FOR: Chairman, QSI - Honor and Merit Awards Panel  
SUBJECT: Request for Quality Step Increase (HR 20-37)  
Mrs. Charlotte Bustos-Videla

1. On the basis of the information presented below, it is recommended that a Quality Step Increase be approved for Charlotte Bustos-Videla.

2. As noted in the attached fitness report, Subject's performance of her duties has been uniformly outstanding. In addition to her responsibilities in the Cuban section of the Mexico City Station, she has recently been made the executive assistant to the Chief of Station at Mexico City. In this job, she screens all incoming material for matters of interest to the Chief and Deputy Chief of Station. She also continues performing her past functions in the Cuban section for the Station.

3. Subject's present high quality of performance is typical of her performance since she entered the Agency in 1951. It is fully expected that this level of performance will be maintained.

4. Although the present Chief of Station was not the reviewing official on the attached fitness report, he has commented that he considered Subject an outstanding officer and has recommended that she be considered for a Quality Step Increase.

*William V. Broe*  
William V. Broe

Chief  
Western Hemisphere Division

~~SECRET~~

EYES ONLY  
SECRET

16 MAR 1967

MEMORANDUM FOR: Secretary, CBCS Panel (Section A)

SUBJECT: Recommendation for Promotion to Grade GS-13  
Charlotte Z. Bustos-Videla

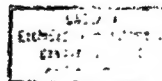
1. The promotion of Charlotte Z. Bustos-Videla from GS-12 to GS-13 is hereby recommended.

2. This exceptional officer has now been performing at a senior level for several years and, while recognition through a Quality Step Increase was granted her last year, her sustained performance clearly exceeding the requirements of a GS-13 qualifies her for a promotion at this time. Subject is one of the outstanding women who have demonstrated their capacity for even further advancement within the Agency and will probably continue to advance in the future. The present recommendation is based on already demonstrated ability to operate at a senior level.

3. Subject is 36 years old and has been in grade as a GS-12 for the past five and one-half years.

*R. W. Werhe*  
Desmond Fitzgerald  
Chief,  
Western Hemisphere Division

EYES ONLY  
SECRET



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(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED 30 August 1972	
1. SERIAL NUMBER 007667		2. NAME (Last-First-Middle) Bustosvidola, C/ Z.									
3. NATURE OF PERSONNEL ACTION Reassignment and Transfer to Vouchered Funds						4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 09 17 72		5. CATEGORY OF EMPLOYMENT Regular			
6. FUNDS X		V TO V O TO V		V TO O O TO O		7. FINANCIAL ANALYSIS NO. CHARGEABLE 3235-0620		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS DDP/WH Division Branch 1 CA Section						10. LOCATION OF OFFICIAL STATION Wash., D. C.					
11. POSITION TITLE Ops Officer (D-13)				12. POSITION NUMBER 1294		13. CAREER SERVICE DESIGNATION D					
14. CLASSIFICATION SCHEDULE (GS, LS, etc.) GS			15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 13 7		17. SALARY OR RATE \$ 22,487				
18. REMARKS FROM: DDP/WH/BR 1/MEXICO CITY STATION/0418 2 - Security 1 - Finance Issue Army W-2 (Concur: CCS Security Approval Granted by Pers. SO/OS 25 Sept. 72 22 SEP 1972 *HOME BASE: WH E 2 IMPDET CL BY 007034											
19A. SIGNATURE OF REQUESTING OFFICIAL Henry L. Berthold, C/WH/Pers				DATE SIGNED 8 Sep 72		19B. SIGNATURE OF CHIEF, BRANCH OR FUNCTION OFFICER James R. Newman				DATE SIGNED 15 Sep 1972	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 16		20. EMPLOY CODE 10		21. OFFICE CODING NUMERIC ALPHABETIC 51300 WH 45013		22. STATUS CODE 45013		23. INTEREST CODE		24. HOURS CODE 1	
25. DATE OF BIRTH MO DA YR 01 12 27		26. DATE OF GRADE MO DA YR 1 1 72		27. DATE OF LEI MO DA YR 1 1 72		28. DATE OF LEI MO DA YR 1 1 72		29. DATE OF LEI MO DA YR 1 1 72		30. DATE OF LEI MO DA YR 1 1 72	
31. DATE OF LEI MO DA YR 1 1 72		32. DATE OF LEI MO DA YR 1 1 72		33. DATE OF LEI MO DA YR 1 1 72		34. DATE OF LEI MO DA YR 1 1 72		35. DATE OF LEI MO DA YR 1 1 72		36. DATE OF LEI MO DA YR 1 1 72	
37. DATE OF LEI MO DA YR 1 1 72		38. DATE OF LEI MO DA YR 1 1 72		39. DATE OF LEI MO DA YR 1 1 72		40. DATE OF LEI MO DA YR 1 1 72		41. DATE OF LEI MO DA YR 1 1 72		42. DATE OF LEI MO DA YR 1 1 72	
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109. DATE OF LEI MO DA YR 1 1 72		110. DATE OF LEI MO DA YR 1 1 72		111. DATE OF LEI MO DA YR 1 1 72		112. DATE OF LEI MO DA YR 1 1 72		113. DATE OF LEI MO DA YR 1 1 72		114. DATE OF LEI MO DA YR 1 1 72	
115. DATE OF LEI MO DA YR 1 1 72		116. DATE OF LEI MO DA YR 1 1 72		117. DATE OF LEI MO DA YR 1 1 72		118. DATE OF LEI MO DA YR 1 1 72		119. DATE OF LEI MO DA YR 1 1 72		120. DATE OF LEI MO DA YR 1 1 72	
121. DATE OF LEI MO DA YR 1 1 72		122. DATE OF LEI MO DA YR 1 1 72		123. DATE OF LEI MO DA YR 1 1 72		124. DATE OF LEI MO DA YR 1 1 72					

56(22)

25 SEP 1972

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18 DEC 1959

**MEMORANDUM FOR:** Charlotte Bustos-Videla  
**THROUGH** : Chief, WH Division  
**SUBJECT** : Quality Step Increase

1. I was pleased to learn that you have been granted a Quality Step Increase. Such recognition is proof of the high esteem in which you are held by your supervisors in the Clandestine Service.

2. Please accept my personal best wishes. I am confident that your future performance will be of a continuing high quality.

Thomas H. Karamossires  
Deputy Director for Plans

~~SECRET~~

GROUP 1	EXCLUDED
GROUP 2	EXCLUDED
GROUP 3	EXCLUDED
GROUP 4	EXCLUDED

~~SECRET~~

12 DEC 1969

**MEMORANDUM FOR: Head, Clandestine Service  
Career Service**

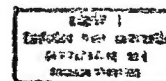
**SUBJECT : Notification of Approval of  
Quality Step Increase -  
Charlotte Bustos-Videla**

1. I am pleased to send to you the attached official notification of the approval of a second Quality Step Increase to be awarded to this employee. The previous Quality Step Increase was effective March 1964.

2. May I again ask that you arrange an appropriate ceremony for the presentation of this Quality Step Increase which is in recognition of her continuing excellent performance.

*for Robert S. Wattle*  
Robert S. Wattle  
Director of Personnel

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~~SECRET~~

-2-

SUBJECT: Request for Quality Step Increase (HR 20-37)  
Mrs. Charlotte Bustos-Videla

APPROVAL RECOMMENDED:

*Robert J. [Signature]*  
Chairman, DDP/SSI Panel

*9 Dec 69*  
Date

APPROVED:

*for John J. Caldwell*  
Director of Personnel

*12 Dec 1969*

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**SECRET**  
(When Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>						DATE PREPARED <b>17 OCTOBER 1968</b>	
1. SERIAL NUMBER <b>007667</b>		2. NAME (Last-First-Middle) <b>BUSTOS-VIDELA, <del>CARLOS</del> Z.</b>					
3. NATURE OF PERSONNEL ACTION <b>REASSIGNMENT</b>				4. EFFECTIVE DATE REQUESTED MONTH <b>11</b> DAY <b>03</b> YEAR <b>68</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>	
6. FUNDS V TO V C TO V		V TO C <b>X</b> C TO C		7. FINANCIAL ANALYSIS NO CHARGEABLE <b>9135 0990</b>		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS <b>DDP/WH FOREIGN FIELD BRANCH 1 MEXICO CITY, MEXICO STATION</b>				10. LOCATION OF OFFICIAL STATION <b>MEXICO CITY, MEXICO</b>			
11. POSITION TITLE <b>OPS OFFICER</b> <b>(13)</b>				12. POSITION NUMBER <b>0418</b>		13. CAREER SERVICE DESIGNATION <b>D</b>	
14. CLASSIFICATION SCHEDULE (GS (R, etc)) <b>GS</b>		15. OCCUPATIONAL SERIES <b>0136.01</b>		16. GRADE AND STEP <b>13 4</b>		17. SALARY OR RATE <b>\$ 158.49</b>	
18. REMARKS  <b>STAFF EMPLOYEE SPECIAL</b>  <b>FROM: POSTION # 1528</b>  <b>1 - Finance</b>							
19A. SIGNATURE OF REQUESTING OFFICER <i>Henry L. Berthold</i> C/WH/Personnel				DATE SIGNED		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>Paul M. [Signature]</i>	
				DATE SIGNED		<i>25 OCT 68</i>	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
20. ACTION CODE <b>37</b>	21. EMPLOY CODE <b>10</b>	22. OFFICE CODING NUMERIC <b>51620</b> ALPHABETIC <b>WH 45075</b>	23. STATION CODE	24. INTEGRITY CODE	25. PROBES CODE <b>3</b>	26. DATE OF BIRTH <b>01-01-37</b>	27. DATE OF LEAVE MO. CA. YE.
28. DATE EXPIRES MO. DA. YE.	29. SPECIAL REFERENCE 1-ESC 2-CCSC 3-PLA 4-ONE	30. RETIREMENT DATA CODE	31. SEPARATION DATA CODE	32. CORRECTION CANCELLATION DATA TYPE MO. DA. YE.	<b>LOD DATA</b> →		33. SECURITY REQ NO
34. PRESENCE CODE 1-1 PM 2-1 PM	35. SERV COMP DATE MO. DA. YE.	36. LONG COMP DATE MO. DA. YE.	37. CARRIER CATEGORY CODE 1-MS 2-MS	38. HEALTH INSURANCE CODE 1-MS 2-MS			39. SOCIAL SECURITY NO
40. PERSONNEL CARRIER CATEGORY: SERVICE CODE 1-MS 2-MS 3-MS 4-MS 5-MS 6-MS 7-MS 8-MS 9-MS 10-MS		41. HEALTH CAT CODE	42. FEDERAL TAX DATA FORM EXEMPTED CODE 1-MS 2-MS		43. STATE TAX DATA FORM EXEMPTED CODE 1-MS 2-MS		44. SOCIAL SECURITY NO
45. POSITION CONTROL CERTIFICATION <b>10-11-68</b>				46. C/P APPROVAL <i>[Signature]</i>		DATE APPROVED <b>10-24-68</b>	

FORM 1132 (Rev. 1-68)

**SECRET**

CLASSIFIED BY: [ ]  
EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

**SECRET**  
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
				13 OCTOBER 1967	
1. SERIAL NUMBER 007667		2. NAME (Last-First-Middle) BUSTOSVIDELA, CHARLOTE Z. 07-17-67			
3. NATURE OF PERSONNEL ACTION REASSIGNMENT			4. EFFECTIVE DATE REQUESTED MONTH: 07 DAY: 15 YEAR: 67		5. CATEGORY OF EMPLOYMENT REGULAR*
6. FUNDS V TO V CF TO V X CF TO CF		7. FINANCIAL ANALYSIS AND CHARGEABLE 8135 0990		8. LEGAL AUTHORITY (Complied by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDP/WH FOREIGN FIELD BRANCH 1 MEXICO CITY, MEXICO STATION			10. LOCATION OF OFFICIAL STATION MEXICO CITY, MEXICO		
11. POSITION TITLE OPS OFFICER			12. POSITION NUMBER 1528		13. CAREER SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, F.R., etc.) GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP IX 13 3	
				17. SALARY OR RATE \$ 13,769	
18. REMARKS  OPS OFFICER OCCUPYING INTEL ANALYST. * STAFF EMPLOYEE XKEE SPECIAL. EX CONCUR: <i>Therese Sturge</i> CCS <i>James L. Berthold</i> Henry L. Berthold C/WH/Personnel <i>Paul M. J. Lee</i> 1 - Finance <i>No objection</i> <i>Joyce Magellan</i> C/S/P/ Agent Branch					
19. SIGNATURE OF REQUESTING OFFICIAL <i>James L. Berthold</i> Henry L. Berthold C/WH/Personnel		DATE SIGNED 17 Oct 67		100. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>Paul M. J. Lee</i> 17 Oct 67	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING NUMERIC ALPHABETIC	22. STATION CODE	23. INTELL CODE	24. ACQUIS CODE
3	10	50021	100	3	3
25. DATE OF BIRTH MO DA YR	26. DATE OF GRACE MO DA YR	27. DATE OF LST MO DA YR	28. DATE OF DEATH MO DA YR	29. DATE OF DEATH MO DA YR	30. DATE OF DEATH MO DA YR
01 12 29					
31. INT. EXP. REF.	32. SPECIAL REFERENCE	33. RETIREMENT DATA CODE	34. SEPARATION DATA CODE	35. CORRECTION/AMENDMENT DATA TYPE MO DA YR	36. SECURITY REG NO
	62				
37. VET PREFERENCE CODE	38. SERV COMP DATE MO DA YR	39. LONG COMP DATE MO DA YR	40. CAREER CATEGORY CAR SERV PROV TIME	41. HEALTH RECORD CODE	42. SOCIAL SECURITY NO
43. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE	44. LEAVE CAT CODE	45. FEDERAL PAY DATA FORM EXECUTED CODE	46. STATE TAX DATA FORM EXECUTED CODE	47. STATE TAX DATA FORM EXECUTED CODE	48. STATE TAX DATA FORM EXECUTED CODE
49. MILITARY COMBAT PARTICIPATION			50. O.P. APPROVAL <i>[Signature]</i>		
			DATE APPROVED 14/10/67		



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23 June 1967

MEMORANDUM FOR: Central Cover Group

SUBJECT : Cover for Charlotte E. Dustos-Videla

1. Mrs. Charlotte E. Dustos-Videla is being transferred PCS to Mexico City in staff capacity. She will fill slot 1523.

2. Mrs. Dustos-Videla is traveling under Travel Order No. 39-68. (See copy attached) [redacted]

[redacted] Mexico City. Limited household effects will be sent, the remaining items (also limited) will be stored at Government expense.

Robert D. Cashman  
Chief, Personnel

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SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
				10 JULY 1967	
1 SERIAL NUMBER		2 NAME (Last-First-Middle)			
007667		BUSTOS VIDELA, CHARLOTTE Z.			
3 NATURE OF PERSONNEL ACTION			4 EFFECTIVE DATE REQUESTED		5 CATEGORY OF EMPLOYMENT
REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS			MONTH DAY YEAR 07 16 67		REGULAR
6 FUNDS		7 FINANCIAL ANALYSIS NO. CHARGEABLE		8 LEGAL AUTHORITY (Completed by Office of Personnel)	
V TO V XXX V TO CF CF TO V CF TO CF		3135 0990			
9 ORGANIZATIONAL DESIGNATIONS			10 LOCATION OF OFFICIAL STATION		
DDP/WH FOREIGN FIELD BRANCH 1 MEXICO CITY, MEXICO STATION			MEXICO CITY, MEXICO		
11 POSITION TITLE			12 POSITION NUMBER		13 CAREER SERVICE DESIGNATION
OPS OFFICER (11)			1528		D
14 CLASSIFICATION SCHEDULE (G.S., F.R., etc.)		15 OCCUPATIONAL SERIES		16 GRADE AND STEP	
GS		0136.01		13 3	
				\$ 13,769	
17 REMARKS					
X OPS OFFICER occupying ENCL Analyst Position FROM: DDP/WH/1/Pos. No. 1201 PRA IN ACCORDANCE WITH HR20-17d(b), NOT TO EXCEED TWO YEARS.					
18 SIGNATURE OF REQUESTING OFFICER C/WH/Personnel Robert D. Cashman					
19 SIGNATURE OF CAREER SERVICE APPROVING OFFICER Paul M. Y. [Signature] 10 July 67					
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODING	22 STATION CODE	23 INTEGER CODE	24 MONTHS
20	10	NUMERIC ALPHABETIC 511226 WH 45075			
25 DATE TO BE IN	26 DATE OF BIRTH	27 DATE OF LEI	28 DATE OF LEI		
MO. DA. YR. 07 15 67	MO. DA. YR. 82	MO. DA. YR. 01 12 29	MO. DA. YR.		
29 SPECIAL REFERENCE			30 RETIREMENT DATA		
1-USE 2-FILE 3-NOISE			CODE		
31 SEPARATION DATA CODE			32 CORRECTION/CANCELLATION DATA		
TYPE			MO. DA. YR.		
33 SECURITY REQ NO			34 SEX		
35 VET PREFERENCE			36 SERV COMP DATE		
CODE 0-None 1-5 Yr 2-10 Yr			MO. DA. YR.		
37 LONG COMP DATE			38 CAREER CATEGORY		
CODE 0-None 1-5 Yr 2-10 Yr			CODE		
39 HEALTH INSURANCE			40 SOCIAL SECURITY NO		
CODE 0-None 1-Yes 2-Yes			CODE		
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE			42 STATE TAX DATA		
CODE 0-NO PREVIOUS SERVICE 1-NO DELAY IN SERVICE 2-DELAY IN SERVICE (LESS THAN 2 YEARS) 3-DELAY IN SERVICE (MORE THAN 2 YEARS)			CODE 0-None 1-Yes 2-Yes		
43 POSITION CONTROL CERTIFICATION			44 OP APPROVAL		
07-1467H			[Signature]		

FORM 1152 USE PREVIOUS EDITION

SECRET

FORM 1152-66  
EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET

(If Not Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED							
1. SERIAL NUMBER										19 OCTOBER 1966							
2. NAME (Last-First-Middle)																	
007667										BUSTOSVIDELA, C.Z.							
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE REQUESTED			5. CATEGORY OF EMPLOYMENT									
PROMOTION					MONTH DAY YEAR 10 23 66			REGULAR									
6. FUNDS					7. FINANCIAL ANALYSIS NO. CHARGEABLE			8. LEGAL AUTHORITY (Completed by Office of Personnel)									
X TO V					V TO C			7235 0620									
C TO V					C TO C												
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION												
DDP/WH BRANCH 1 FI SECTION					WASHINGTON, D.C.												
11. POSITION TITLE					12. POSITION NUMBER			13. CAREER SERVICE DESIGNATION									
OPS OFFICER (13)					1201			D									
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)					15. OCCUPATIONAL SERIES			17. SALARY OR RATE									
GS					0136.01			\$ 13,769									
16. REMARKS																	
FROM: GS-12/6 (\$12,822)																	
18. SIGNATURE OF REQUESTING OFFICIAL										DATE SIGNED							
Robert D. Cashman C/WH/Pers										21 Oct 66							
19. SIGNATURE OF CAREER SERVICE APPROVING OFFICER										DATE SIGNED							
John P. Brown										10/21/66							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGRITY CODE		24. HOURS CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEL	
22		10		51300		WH		75013		1		01/12/29		10/23/66		10/23/66	
28. BIR EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO		34. SEX					
MO DA YR				1-INC 2-FICA 3-NONE		CODE		TYPE MO DA YR		EOD DATA							
35. VET PREFERENCE		36. SERV LUMP DATE		37. LONG COMP DATE		38. CAREER CATEGORY		39. FEGLI HEALTH INSURANCE		40. SOCIAL SECURITY NO							
CODE		MO DA YR		MO DA YR		CAR RISK PROG-TEMP		CODE CODE		HEALTH INS. CODE							
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE		42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA		45. POSITION CONTROL CERTIFICATION		46. O.P. APPROVAL		47. DATE APPROVED					
F.D.F.		MO DA YR		CODE		CODE CODE		CODE CODE		CODE CODE		CODE CODE					
1-NO PREVIOUS SERVICE 2-ONE OR MORE YEARS 3-TWO OR MORE YEARS 4-THREE OR MORE YEARS						1-YES 2-NO		1-YES 2-NO		1-YES 2-NO		1-YES 2-NO					
10-21-66 N																	

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

(4)

1 SEP 1966

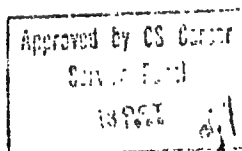
MEMORANDUM FOR: CSPA/A

SUBJECT : Recommendation for Promotion of  
Charlotte Bustos-Videla

1. The promotion recommendation to GS-13 of Mrs. Charlotte Bustos-Videla is hereby submitted. Mrs. Bustos-Videla entered the Agency in August 1951 as a GS-5 and rapidly and deservedly rose to a GS-12 by 1959. She has now been almost seven years in grade and has been recommended for promotion to the CSPA/A by WH Division five times previously.

2. This outstanding officer has continued to perform at the exceptional level which has by now become her standard of performance. Her past four annual Fitness Reports have each given her an overall rating of outstanding. In this connection it is noteworthy that no two Fitness Reports were written by the same rating officer. She continues to occupy a GS-13 officer slot and her performance clearly continues to exceed the requirements for that position. She is considered to be one of the outstanding women who have demonstrated their capacity for further advancement within the Agency.

3. Mrs. Bustos-Videla not only continues to bring continuity to the Mexican Branch through her long experience on Mexican affairs, but consistently contributes to the smooth functioning of the Branch through her highly efficient organizational capabilities. She has been called upon to handle all manner of difficult desk problems. She invariably responds quickly, cheerfully, and effectively. She has been instrumental in on-the-job training of a number of officers, both for desk assignments and in preparation for field assignments. She has excellent rapport with innumerable persons in other areas and staffs, thus adding to the efficiency and speed with which she accomplishes her daily tasks. Her promotion at this time is urged.



*William V. Broe*  
William V. Broe  
Chief,  
Western Hemisphere Division

~~SECRET~~  
(When Filled In)

11 August 1966

MEMORANDUM FOR: Charlott L. Bustos-Vilela

THROUGH : Head of C3 Career Service

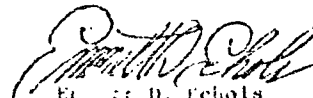
SUBJECT : Notification of Non-eligibility for Designation as a  
Participant in the CIA Retirement and Disability System

1. As you may know, we are in the process of reviewing the employment history and current career field of all employees in the Agency to identify those who are eligible for designation as a participant in the new CIA Retirement and Disability System. In this process, the initial review of each case is made by the individual's Career Service. If the Head of his Career Service nominates him for participation in the System, this nomination is reviewed by the CIA Retirement Board which recommends final action to me. However, if the Head of the Career Service advises that the employee does not meet the basic requirements of HR 20-50 for participation, I have accepted this finding without further review by the CIA Retirement Board. This practice has been adopted in the interest of expediting this screening process so that those employees who are eligible to participate in the System may be designated participants as soon as possible.

2. In your case, the Head of your Career Service has advised me that you do not meet the requirements of HR 20-50 for designation as a participant and I have accordingly made the formal determination required by the regulation that you are not eligible for designation. From a review of your record it appears that the decision of your Career Service was based upon the fact that you do not have sufficient time prior to completing 15 years of service with the Agency in which you could complete a minimum of 60 months of qualifying service as required by regulation. My determination that you are not eligible at this time for designation in no way affects your current status under the Civil Service Retirement System, nor does it preclude reconsideration of your eligibility to participate in the CIA System if you should meet the requirements for designation in the future.

3. Should you desire further information concerning the requirements for designation as a participant in the CIA Retirement System, I suggest that you read paragraph 6 of HR 20-50 and paragraph 5 of the Employee Bulletin dated 30 July 1965, entitled "Public Law 88-643, The Central Intelligence Agency Retirement Act of 1964 for Certain Employees."

4. It is always possible that the records upon which the determination made in your case may have been incomplete or inaccurate regarding your actual employment history with the Agency. If, after studying the materials cited above, you have questions regarding the determination that you are not eligible to participate in the CIA Retirement System, please feel free to contact officials of your Career Service. They are familiar with the details of your case and will gladly discuss them with you. In addition, you may wish to discuss your case with the CIA Retirement Staff located in Room 205, Magazine Building (extension 2847). If such discussions do not resolve any questions you have regarding your eligibility, you may request that your case be formally considered by the CIA Retirement Board. However, this request must be made within 30 days of the date of this memorandum.

  
E. D. Echols  
Director of Personnel

~~SECRET~~

14-00000  
**EX-103**  
~~SECRET~~

1 MAR 1966

**MEMORANDUM FOR:** - Secretary, CS/CS Panel (Section A)

**SUBJECT** : Recommendation for Promotion to  
Grade GS-13, Charlotte Z. Bustos-Videla

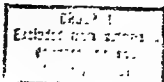
1. The promotion request from GS-12 to GS-13 on Mrs. Bustos-Videla is hereby submitted.

2. This outstanding officer has continued to perform at the exceptional level which has by now become for her a standard of performance. She now formally occupies a senior (GS-13) FI Officer slot in the Mexican Branch and her performance clearly continues to exceed the requirement for that position. She is still considered to be one of the outstanding women who have demonstrated their capacity for further advancement within the Agency, independently, of the experience on Mexican affairs acquired through continuity in her present assignment.

3. The comments made in connection with the four previous promotion recommendations continue to be entirely applicable.

4. Subject is 37 years old and has been in grade as a GS-12 for the past six years.

*William V. Broe*  
William V. Broe  
Chief,  
Western Hemisphere Division



**EX-103**  
~~SECRET~~

CONFIDENTIAL  
~~SECRET~~

9 SEP 1965

MEMORANDUM FOR: Secretary, CS/CS Panel (Section A)

SUBJECT : Recommendation for Promotion to  
Grade GS-13, Charlotte Z. Bustos-Videla

1. The promotion request from GS-12 to GS-13 on Mrs. Bustos-Videla is hereby resubmitted.

2. This outstanding officer has continued to perform at the exceptional level which has by now become for her a standard of performance. She now formally occupies a senior (GS-13) FI Officer slot in the Mexican Branch and her performance clearly continues to exceed the requirement for that position. She is still considered to be one of the outstanding women who have demonstrated their capacity for further advancement within the Agency, independently of the expertise on Mexican affairs acquired through continuity in her present assignment.

3. The comments made in connection with the three previous promotion recommendations continue to be entirely applicable.

4. Subject is 36 years old and has been in grade as a GS-12 for the past six years.

*by Gust. D. Broe*

William V. Broe  
Chief,  
Western Hemisphere Division

*not  
approved  
S/T*

**SECRET**  
(10 New Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>						DATE PREPARED <b>28 JULY 1965</b>	
1. SERIAL NUMBER <b>007667</b>		2. NAME (Last-First-Middle) <b>BUSTOS-VIDELA, CHASMAN Z.</b>					
3. NATURE OF PERSONNEL ACTION <b>REASSIGNMENT</b>				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR <b>AUG 1 65</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>	
6. PURPOSE XX V TO V CF TO V				7. COST CENTER NO. CHARGE ABLE <b>6235 0620</b>		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS <b>DDP/WH BRANCH 1 MEXICO SECTION 3rd Section</b>				10. LOCATION OF OFFICIAL STATION <b>WASHINGTON, D.C.</b>			
11. POSITION TITLE <b>OPS OFFICER</b>				12. POSITION NUMBER <b>1201</b>		13. CAREER SERVICE DESIGNATION <b>D</b>	
14. CLASSIFICATION SCHEDULE (G, H, I, J) <b>GS</b>		15. OCCUPATIONAL SERIES <b>0136.01</b>		16. GRADE AND STEP <b>12 45</b>		17. SALARY OR RATE <b>\$ 11,915 11670</b>	
18. REMARKS <b>FROM: DDP/WH/MEXICO SECTION/1202/</b>  <b>MRS. BUSTOS-VIDELA WILL REPLACE MR. RICHARD SCUTT WHO WILL BE REASSIGNED TO DDP/EE. TO BE EFFECTIVE 1 AUGUST 1965</b>							
<div style="float: right; border: 1px solid black; padding: 5px; margin-top: 10px;">             Received By              [Signature]              Date           </div>							
<div style="display: flex; justify-content: space-between;"> <div>             1-Security              1-Pinancie              1-Administrative              1-Training              1-Recruitment              1-Records              1-Communication              1-Transportation              1-Health              1-Insurance              1-Other           </div> <div>             19. SIGNATURE OF REQUESTING OFFICER  <b>ROBERT D. CASHMAN</b>              C/WH/PERS           </div> <div>             DATE SIGNED  <b>30 July</b> </div> <div>             18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER              [Signature]           </div> <div>             DATE SIGNED  <b>8/4/65</b> </div> </div>							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
21. POSITION CODE MO. DA. YR. <b>7/10</b>		22. OFFICE CODING NUMERIC ALPHABETIC <b>5130 011</b>		23. STATION CODE <b>12013</b>		24. INTEGRATE CODE	
25. DATE OF BIRTH MO. DA. YR. <b>1 21 29</b>		26. DATE OF GRADE MO. DA. YR.		27. DATE OF LEL MO. DA. YR.		28. DATE OF LEL	
29. SPECIAL REFERENCE 1-100 2-100 3-100		30. RETIREMENT DATA CODE		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA TYPE MO. DA. YR.	
33. SECURITY REQ NO		34. SEX		35. SOCIAL SECURITY NO		36. SOCIAL SECURITY NO	
37. NET REFERENCE CODE 1-100 2-100 3-100		38. SERV COMP DATE MO. DA. YR.		39. LONG COMP DATE MO. DA. YR.		40. CAREER CATEGORY LAW RES PROD/TIMP	
41. FEGLI, HEALTH INSURANCE CODE 1-100 2-100 3-100		42. STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS		43. STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS		44. STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS	
45. PREVIOUS GOVERNMENT SERVICE DATA CODE 1-100 2-100 3-100		46. LEAVE CAT CODE		47. FORM EXECUTED CODE 1-100 2-100		48. FORM EXECUTED CODE 1-100 2-100	
49. POSITION CONTROL CERTIFICATION <b>7/10/65</b> <b>106</b>				50. OP APPROVAL [Signature] DATE APPROVED <b>8/4/65</b>			

FORM 1152 USE PREVIOUS EDITION

**SECRET**

GRANTED  
EXCERPTS FROM DD FORM 1152, 1-65

14



4 SEP 1964

MEMORANDUM FOR: Secretary, CSCS (Panel A)

SUBJECT : Recommendation for Promotion to GS-13  
Mrs. Charlotte Bustos-Videla.

1. The promotion to GS-13 of Mrs. Charlotte Bustos-Videla is recommended. Mrs. Bustos-Videla entered the Agency in August 1951 as a GS-5 and rapidly and deservedly rose to a GS-12 grade by 1959.

2. This recommendation is based on Mrs. Bustos-Videla's performance during the past three years as the senior assistant to the various chiefs of the Mexican desk/branch, who unanimously have found her to be extremely competent and reliable both in her routine assignments and special tasks occasionally levied on her, such as country studies, compilation of programs, requirement reviews, etc.

3. Mrs. Bustos-Videla has consistently responded with intelligence and clarity and has materially contributed to orderly imaginative administration of Headquarters support to a most active station. In the process, she has been instrumental in training on-the-job innumerable officers both for desk assignments and in preparation for field assignments.

4. For her outstanding performance she received a quality step increase in April 1964. This deserved recognition should now be followed up at this time by a promotion to the next grade in accordance with the consistently good performance at the GS-13 level over a prolonged period of time.

*Desmond FitzGerald*  
Desmond FitzGerald  
Chief  
Western Hemisphere Division

CONFIDENTIAL

14 APR 1964

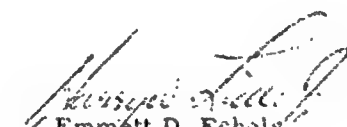
MEMORANDUM FOR: Head, Clandestine Services Career Service

SUBJECT : Notification of Approval of Quality Step Increase -  
Mrs. Charlotte Bustos-Videla

1. I am pleased to send to you the attached official notification of the approval of the Quality Step Increase which you recommended for this employee.

2. The salary increase accomplished by the award of a Quality Step Increase is important and tangible evidence of the esteem in which the employee so recognized is held. However, I believe the commendatory and incentive benefits of this award will be partially lost unless it is presented in an appropriate ceremony which will afford the individual recognition among co-workers and supervisory officials. Also, I believe such recognition serves to inspire other employees to aspire to earning such recognition.

3. May I ask, therefore, that you arrange to have this Quality Step Increase presented at an appropriate ceremony.

  
Emmett D. Echols  
Director of Personnel

*Presented in  
a ceremony  
4/24/64*

CONFIDENTIAL

SECRET

20 March 1964

MEMORANDUM FOR: BDP/OP

THROUGH : Chief, Clandestine Services Personnel Office

SUBJECT : Charlotte Z. Bustos-Videla -- Request for  
Quality Step Increase

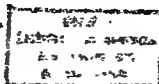
1. It is recommended that a Quality Step Increase for Mrs. Charlotte Z. Bustos-Videla be endorsed by you for the reasons presented in the attached memorandum prepared by the Chief, Western Hemisphere Division.

2. A review of Mrs. Bustos-Videla's Official Personnel File strongly supports the statement of Chief, WH Division. Without exception, the performance of this officer during her employment with the Agency has been identified by various and all supervisors as "Superior" and "Outstanding." Likewise, nothing in other records maintained by the Office of Personnel contradicts or modifies the impressive record made by Mrs. Bustos-Videla.

3. Testimony to the high regard which officials of WH Division view this officer's work is furnished by noting that Mrs. Bustos-Videla is the first female officer to be proposed for a QSI by WH and one of a total of but three officers nominated by that Division for the award since the QSI provision of the Federal Salary Reform Act of 1962 became effective in CIA approximately fifteen months ago.

*Robert A. Bennett*  
Robert A. Bennett  
Chief, Clandestine Services  
Personnel Office

SECRET



~~SECRET~~

8 March 1964

MEMORANDUM FOR: Deputy Director of Plans

ATTENTION : DDP/OP

SUBJECT : Request for Quality Step Increase for  
Charlotte Bustos-Videla

1. On the basis of the information presented below, it is recommended that a quality step increase be approved for Charlotte Bustos-Videla.

2. As stated in the accompanying Fitness Report, Subject's performance of her duties has been uniformly outstanding. In addition to her responsibilities as the desk officer for Mexico VI and Operational Support Projects, she carries a heavy burden in the areas of administration, preparation of special reports and training of personnel. She frequently represents the Mexico Section in dealings with other elements of the Agency and acts for the Chief of Section in his absence. Subject's performance clearly exceeds the normal requirements of the assignment and of her present GS grade level.

3. Subject's present high quality of performance typifies her performance over a period of several years and it is fully expected that this level will be maintained.

4. Consideration was given to the granting of a Merit Award but the quality step increase seems more appropriate in this case. Subject has been passed over for promotion in the past and due to limitations as to

SECRET

-2-

area of assignment, it is unlikely that a promotion to grade GS-13 can be obtained. The salary increase is therefore thought to be the most fitting reward for her outstanding service.

*J. C. King*  
C. KING  
C/WHD

CONCUR:

[Redacted Signature]

LSP/OP

*24 March 64*  
Date

APPROVED:

*Robert S. Santos*  
Director of Personnel

*24 MAR 64*  
Date

**SECRET**  
(When Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>				DATE PREPARED <b>18 November 1963</b>	
1. SERIAL NUMBER <b>007667</b>		2. NAME (Last-First-Middle) <b>BUSTOSVIDELA, C. Z.</b>			
3. NATURE OF PERSONNEL ACTION <b>REASSIGNMENT</b>			4. EFFECTIVE DATE REQUESTED MONTH <b>12</b> DAY <b>1</b> YEAR <b>63</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>
6. FUNDS <b>X</b> V TO V <b>CF TO V</b>		7. COST CENTER NO. CHARGEABLE <b>4235 1000 1000</b>		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS <b>DDP WH BRANCH 3 MEXICO SECTION</b>			10. LOCATION OF OFFICIAL STATION <b>WASHINGTON, D. C.</b>		
11. POSITION TITLE <b>OPS OFFICER</b>			12. POSITION NUMBER <b>0321</b>		13. CAREER SERVICE DESIGNATION <b>D</b>
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) <b>GS</b>		15. OCCUPATIONAL SERIES <b>0136.01</b>		16. GRADE AND STEP <b>12 4</b>	
17. SALARY OR RATE <b>\$10,420</b>			18. REMARKS <b>FROM: DDP/WH/3/607/Mexico Sec/Hqs</b>		
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Recorded by CSPD <i>[Signature]</i> </div>					
19A. SIGNATURE OF REQUESTING OFFICIAL <i>[Signature]</i> <b>ROBERT D. CASIMAN, C/WH/PGRS</b>			DATE SIGNED <b>11/19/63</b>		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICIAL <i>[Signature]</i>
STATE DEPARTMENT EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
20. ACTION TAKEN CODE <b>37 16</b>	21. DATE <b>5/1/60</b>	22. ACTION TAKEN CODE <b>16 11</b>	23. DATE <b>7/20/63</b>	24. ACTION TAKEN CODE <b>1</b>	25. DATE <b>31/12/63</b>
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68. ACTION TAKEN CODE <b>37 16</b>		69. DATE <b>5/1/60</b>		70. ACTION TAKEN CODE <b>16 11</b>	
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89. ACTION TAKEN CODE <b>37 16</b>		90. DATE <b>5/1/60</b>		91. ACTION TAKEN CODE <b>16 11</b>	
92. ACTION TAKEN CODE <b>37 16</b>		93. DATE <b>5/1/60</b>		94. ACTION TAKEN CODE <b>16 11</b>	
95. ACTION TAKEN CODE <b>37 16</b>		96. DATE <b>5/1/60</b>		97. ACTION TAKEN CODE <b>16 11</b>	
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107. ACTION TAKEN CODE <b>37 16</b>		108. DATE <b>5/1/60</b>		109. ACTION TAKEN CODE <b>16 11</b>	
110. ACTION TAKEN CODE <b>37 16</b>		111. DATE <b>5/1/60</b>		112. ACTION TAKEN CODE <b>16 11</b>	
113. ACTION TAKEN CODE <b>37 16</b>		114. DATE <b>5/1/60</b>		115. ACTION TAKEN CODE <b>16 11</b>	
116. ACTION TAKEN CODE <b>37 16</b>		117. DATE <b>5/1/60</b>		118. ACTION TAKEN CODE <b>16 11</b>	
119. ACTION TAKEN CODE <b>37 16</b>		120. DATE <b>5/1/60</b>		121. ACTION TAKEN CODE <b>16 11</b>	
122. ACTION TAKEN CODE <b>37 16</b>		123. DATE <b>5/1/60</b>		124. ACTION TAKEN CODE <b>16 11</b>	
125. ACTION TAKEN CODE <b>37 16</b>		126. DATE <b>5/1/60</b>		127. ACTION TAKEN CODE <b>16 11</b>	
128. ACTION TAKEN CODE <b>37 16</b>		129. DATE <b>5/1/60</b>		130. ACTION TAKEN CODE <b>16 11</b>	
131. ACTION TAKEN CODE <b>37 16</b>		132. DATE <b>5/1/60</b>		133. ACTION TAKEN CODE <b>16 11</b>	
134. ACTION TAKEN CODE <b>37 16</b>		135. DATE <b>5/1/60</b>		136. ACTION TAKEN CODE <b>16 11</b>	
137. ACTION TAKEN CODE <b>37 16</b>		138. DATE <b>5/1/60</b>		139. ACTION TAKEN CODE <b>16 11</b>	
140. ACTION TAKEN CODE <b>37 16</b>		141. DATE <b>5/1/60</b>		142. ACTION TAKEN CODE <b>16 11</b>	
143. ACTION TAKEN CODE <b>37 16</b>		144. DATE <b>5/1/60</b>		145. ACTION TAKEN CODE <b>16 11</b>	
146. ACTION TAKEN CODE <b>37 16</b>		147. DATE <b>5/1/60</b>		148. ACTION TAKEN CODE <b>16 11</b>	
149. ACTION TAKEN CODE <b>37 16</b>		150. DATE <b>5/1/60</b>		151. ACTION TAKEN CODE <b>16 11</b>	
152. ACTION TAKEN CODE <b>37 16</b>		153. DATE <b>5/1/60</b>		154. ACTION TAKEN CODE <b>16 11</b>	
155. ACTION TAKEN CODE <b>37 16</b>		156. DATE <b>5/1/60</b>		157. ACTION TAKEN CODE <b>16 11</b>	
158. ACTION TAKEN CODE <b>37 16</b>		159. DATE <b>5/1/60</b>		160. ACTION TAKEN CODE <b>16 11</b>	
161. ACTION TAKEN CODE <b>37 16</b>		162. DATE <b>5/1/60</b>		163. ACTION TAKEN CODE <b>16 11</b>	
164. ACTION TAKEN CODE <b>37 16</b>		165. DATE <b>5/1/60</b>		166. ACTION TAKEN CODE <b>16 11</b>	
167. ACTION TAKEN CODE <b>37 16</b>		168. DATE <b>5/1/60</b>		169. ACTION TAKEN CODE <b>16 11</b>	
170. ACTION TAKEN CODE <b>37 16</b>		171. DATE <b>5/1/60</b>		172. ACTION TAKEN CODE <b>16 11</b>	
173. ACTION TAKEN CODE <b>37 16</b>		174. DATE <b>5/1/60</b>		175. ACTION TAKEN CODE <b>16 11</b>	
176. ACTION TAKEN CODE <b>37 16</b>		177. DATE <b>5/1/60</b>		178. ACTION TAKEN CODE <b>16 11</b>	
179. ACTION TAKEN CODE <b>37 16</b>		180. DATE <b>5/1/60</b>		181. ACTION TAKEN CODE <b>16 11</b>	
182. ACTION TAKEN CODE <b>37 16</b>		183. DATE <b>5/1/60</b>		184. ACTION TAKEN CODE <b>16 11</b>	
185. ACTION TAKEN CODE <b>37 16</b>		186. DATE <b>5/1/60</b>		187. ACTION TAKEN CODE <b>16 11</b>	
188. ACTION TAKEN CODE <b>37 16</b>		189. DATE <b>5/1/60</b>		189. ACTION TAKEN CODE <b>16 11</b>	
190. ACTION TAKEN CODE <b>37 16</b>		191. DATE <b>5/1/60</b>		191. ACTION TAKEN CODE <b>16 11</b>	
192. ACTION TAKEN CODE <b>37 16</b>		192. DATE <b>5/1/60</b>		192. ACTION TAKEN CODE <b>16 11</b>	
193. ACTION TAKEN CODE <b>37 16</b>		193. DATE <b>5/1/60</b>		193. ACTION TAKEN CODE <b>16 11</b>	
194. ACTION TAKEN CODE <b>37 16</b>		194. DATE <b>5/1/60</b>		194. ACTION TAKEN CODE <b>16 11</b>	
195. ACTION TAKEN CODE <b>37 16</b>		195. DATE <b>5/1/60</b>		195. ACTION TAKEN CODE <b>16 11</b>	
196. ACTION TAKEN CODE <b>37 16</b>		196. DATE <b>5/1/60</b>		196. ACTION TAKEN CODE <b>16 11</b>	
197. ACTION TAKEN CODE <b>37 16</b>		197. DATE <b>5/1/60</b>		197. ACTION TAKEN CODE <b>16 11</b>	
198. ACTION TAKEN CODE <b>37 16</b>		198. DATE <b>5/1/60</b>		198. ACTION TAKEN CODE <b>16 11</b>	
199. ACTION TAKEN CODE <b>37 16</b>		199. DATE <b>5/1/60</b>		199. ACTION TAKEN CODE <b>16 11</b>	
200. ACTION TAKEN CODE <b>37 16</b>		200. DATE <b>5/1/60</b>		200. ACTION TAKEN CODE <b>16 11</b>	

**SECRET**

~~SECRET~~

15 March 1963

MEMORANDUM FOR: Secretary, CS/CS Panel (Section A)

SUBJECT: Recommendation for Promotion to Grade GS-13  
Mrs. Charlotte Bustos-Videla

1. Mrs. Charlotte Bustos-Videla entered on duty with WH Division in August of 1951. She has served on a variety of desks covering South American as well as Mexican and Central American affairs. In each of her assignments she has demonstrated exceptional competence and devotion to duty.

2. Since December 1957 Mrs. Bustos has been assigned to the Mexican Desk and at present is Acting Chief. She is the soul and motor of that desk, managing many of its operations and supervising its staff, many of whom she has trained. She is past mistress of administrative procedures and the ease with which she obtains clearances, maintains files and secures necessary approvals while handling the most complicated operational aspects of projects is phenomenal. Her work output is enormous and yet everything is done simply and modestly with a minimum of excess motion. She is an outstanding employee and should be deserving of recognition.

3. It is recommended that Mrs. Bustos be promoted to grade GS-13.

J. C. KING  
Chief,  
Western Hemisphere Division

*Not Approved  
June 63*

~~SECRET~~

**SECRET**  
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)				1 June 1961	
107667		BUSTOS-VIDELA, C. Z.					
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT	
NAME CHANGE FROM-CHARLOTTE L. ZEHMUND				MONTH DAY YEAR 06 13 61		REGULAR	
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
<input checked="" type="checkbox"/> V TO V <input type="checkbox"/> CF TO V <input type="checkbox"/> V TO CF <input type="checkbox"/> CF TO CF		1235 1000 1000					
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION			
DIP WH BRANCH 3 MEXICO SECTION				WASH., D. C.			
11. POSITION TITLE				12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION	
OPS OFFICER D				BA-607		DI	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE	
GS 12		0136.01		12 12		8955 9215	
18. REMARKS							
By Marriage.							
19. SIGNATURE OF REQUESTING OFFICIAL				20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER			
<i>J. C. Bowers</i>				<i>O. C. Duvon</i>			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
21. ACTION TO BE TAKEN		22. OFFICE CODE NO.		23. STATION CODE		24. DATE OF BIRTH	
25. DATE OF ACTION		26. DATE OF ACTION		27. DATE OF ACTION		28. DATE OF ACTION	
29. DATE OF ACTION		30. DATE OF ACTION		31. DATE OF ACTION		32. DATE OF ACTION	
33. DATE OF ACTION		34. DATE OF ACTION		35. DATE OF ACTION		36. DATE OF ACTION	
37. DATE OF ACTION		38. DATE OF ACTION		39. DATE OF ACTION		40. DATE OF ACTION	
41. DATE OF ACTION		42. DATE OF ACTION		43. DATE OF ACTION		44. DATE OF ACTION	
45. DATE OF ACTION		46. DATE OF ACTION		47. DATE OF ACTION		48. DATE OF ACTION	
49. DATE OF ACTION		50. DATE OF ACTION		51. DATE OF ACTION		52. DATE OF ACTION	
53. DATE OF ACTION		54. DATE OF ACTION		55. DATE OF ACTION		56. DATE OF ACTION	
57. DATE OF ACTION		58. DATE OF ACTION		59. DATE OF ACTION		60. DATE OF ACTION	
61. DATE OF ACTION		62. DATE OF ACTION		63. DATE OF ACTION		64. DATE OF ACTION	
65. DATE OF ACTION		66. DATE OF ACTION		67. DATE OF ACTION		68. DATE OF ACTION	
69. DATE OF ACTION		70. DATE OF ACTION		71. DATE OF ACTION		72. DATE OF ACTION	
73. DATE OF ACTION		74. DATE OF ACTION		75. DATE OF ACTION		76. DATE OF ACTION	
77. DATE OF ACTION		78. DATE OF ACTION		79. DATE OF ACTION		80. DATE OF ACTION	
81. DATE OF ACTION		82. DATE OF ACTION		83. DATE OF ACTION		84. DATE OF ACTION	
85. DATE OF ACTION		86. DATE OF ACTION		87. DATE OF ACTION		88. DATE OF ACTION	
89. DATE OF ACTION		90. DATE OF ACTION		91. DATE OF ACTION		92. DATE OF ACTION	
93. DATE OF ACTION		94. DATE OF ACTION		95. DATE OF ACTION		96. DATE OF ACTION	
97. DATE OF ACTION		98. DATE OF ACTION		99. DATE OF ACTION		100. DATE OF ACTION	
43. POSITION CONTROL CERTIFICATION				44. O.P. APPROVAL			
<i>W. C. G. G.</i>				<i>O. C. Duvon</i>			

FORM 1152 (REPLACES FORM 1152-1 AND 1152-2)  
1-60

**SECRET**

141



~~SECRET~~

21 May 1961

MEMORANDUM FOR: WH/Personnel

SUBJECT: Change of Name

It is requested that all records in the Agency,  
including the section which issues payroll checks, be changed  
to reflect my married name: Charlotte Z. Euston-Videla.  
This change is effective immediately.

*Charlotte Z. Euston-Videla*  
Charlotte Z. Euston-Videla  
SA/3/Mexico

~~SECRET~~

REQUEST FOR PERSONNEL ACTION																	
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet. Prof.		5. Sex		6. CS - EOD				
07667		ZEHRUNG CHARLOTTE				Mo. Da. Yr. 01 12 29			None-0 5 Pt-1 10 Pt-2		Code 0		F 2		Mo. Da. Yr. 00 27 51		
7. SCD		8. CSC Reim.		9. CSC Or Other Legal Authority		10. Appt. Affidav.			11. FEGLI		12. LCD		13. Pu. Inv.				
Mo. Da. Yr. 04 02 51		Yes-1 No-2		Code 1		50 USCA 403 J			Mo. Da. Yr. Mo. Da. Yr. Mo. Da. Yr.			Yes-1 No-2		Code 2			

### PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDP WM BRANCH 111 MEXICO SECTION				4613		WASH., D. C.				75013	
16. Dept. - Field		17. Position Title		18. Position No.		19. Serv.		20. Occup. Series			
Doct - USild - Fign -		Code 2		XXXXXXX OPS OFCR		607 BA-321		GS		0136.51	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
11824		7750		DI		Mo. Da. Yr. 04 110 55		Mo. Da. Yr. 04 106 58		0235-1000-1000 P. 1000 20	

### ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
PROMOTION		30		Mo. Da. Yr. 12 11 31 59		REGULAR		01			

### PRESENT ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
				4613							
16. Dept. - Field		17. Position Title		18. Position No.		19. Serv.		20. Occup. Series			
Doct - USild - Fign -		Code 2		OPS OFCR		607 BA-321		GS		0136.01	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
12 1		8330		DI		Mo. Da. Yr. 12 13 59		Mo. Da. Yr. 6 14 61		0235-1000-1000	
SOURCE OF REQUEST											
A. Requested By (Name And Title)						C. Request Approved By (Signature And Title)					
P. C. Bowers MI Personnel Officer											
B. For Additional Information Call (Name & Telephone Ext.)											
John Waniako 8242											
CLEARANCES											
Clearance		Signature		Date		Clearance		Signature		Date	
A. Career Board		M. J. 11/11/59		11/11/59		D. Placement					
B. Pay Control		12/11/59		12/11/59		E.					
C. Classification						F. Approved By					
Remarks											

~~SECRET~~

16 July 1959

*Excluded from release*

MEMORANDUM FOR: Secretary, CS/CS Panel (Section B)

SUBJECT: Recommendation for Promotion -  
Miss Charlotte L. Zehrung

1. Miss Charlotte L. Zehrung entered on duty with CIA on 27 August 1951. She was assigned to the Mexican Section of WH Division, Branch III, in June 1957. During the past two years she has been the responsible Case Officer for several FI and CE Projects.

2. Miss Zehrung is a loyal and dedicated employee. She has displayed considerable initiative and has been able to carry out her duties with a minimum amount of support. She readily accepts responsibility and is a highly efficient worker who thinks clearly and logically. Her knowledge of Headquarters and Field procedures in addition to her ability to organize her work greatly facilitates the smooth functioning of the Mexican Desk. She has demonstrated a superior comprehension of the numerous and varied projects of the Mexico City Station which has contributed to the overall Headquarters support of the stations performance. Because of her sound understanding of operations and her outstanding capacity for work, Miss Zehrung has an excellent potential for assuming greater responsibilities.

3. In recognition of her outstanding performance it is recommended that Miss Zehrung be promoted to grade GS-12.

*J. C. King*  
J. C. KING  
Chief

Western Hemisphere Division


~~S-E-C-R-E-T~~

17 March 1953

MEMORANDUM FOR: Charlotte Zehrung

VIA : Chief, WH/3/Mexico

1. You have been selected by your division, and authorized by the Clandestine Services Records Committee, to act as Records Officer for your component. Your appointment is based on your professional qualifications to carry out an assignment requiring experience, judgment, and a knowledge of the Clandestine Services objectives for your component.
2. You are to act on behalf of your Division or Staff element in authorizing the destruction of material of no value to the Clandestine Services in accordance with criteria established for this purpose. You are empowered to authorize the destruction of documents and Index cards recommended for destruction by other members of your branch, and to desensitize KAPOK and RYBAT material which is no longer sensitive or which has been restricted in error. Your signature will be recognized by RI as that of an officially appointed Records Officer.
3. A series of meetings will be held in Room 1400, I Building to brief you and your colleagues on the details of your duties as Records Officer. You have been scheduled to attend the meeting to be held on Wednesday, 2 April 1958, 1300 - 1645 hours; if it is not possible for you to attend on the date designated, please call Extension 8325 to arrange for an alternate date. Please review the attached materials prior to this meeting.

  
DDP Records Policy Officer

Attachment

As stated

cc: Personnel Jacket of Addressee

~~S-E-C-R-E-T~~

**SECRET**Classify According  
To Content.**REQUEST FOR PERSONNEL ACTION**

1. Serial No.	2. Name (Last-First-Middle) <b>ZEHNRUNG, Charlotte L.</b>	3. Date Of Birth Mo Da Yr <b>1 12 29</b>	4. Vet. Pref. None-0 5 Pt-1 10 Pt-2 <b>0</b>	5. Sex <b>F</b>	6. CS - EOD Mo Da Yr
7. SCD Mo Da Yr	8. CSC Reim. Yes-1 No-2 <b>1</b>	9. CSC Or Other Legal Authority	10. Apmt. Affidav. Mo Da Yr	11. FEGLI Yes-1 No-2 <b>0</b>	12. LCD Mo Da Yr
					13. Mail Ser. Credit LCD Yes-1 No-2 <b>0</b>

**PREVIOUS ASSIGNMENT**

14. Organizational Designations <b>DDP/WH Branch III Mexico Section</b>	Code	15. Location Of Official Station <b>Washington, D.C.</b>	Station Code
16. Dept. Field Dept. X Code Unfld. Fragn.	17. Position Title <b>Reports Officer</b>	18. Position No. <b>BA-0072.01</b>	19. Serv. 20. Occup. Series <b>GS 0132.144</b>
21. Grade & Step <b>11-2</b>	22. Salary Or Rate <b>\$ 6605</b>	23. SD <b>DI</b>	24. Date Of Grade Mo Da Yr <b>07/10/55</b>
			25. PSI Due Mo Da Yr <b>07/10/55</b>
			26. Appropriation Number <b>8-3500-20</b>

**ACTION**

27. Nature Of Action <b>REASSIGNMENT</b>	Code <b>56</b>	28. Eff. Date Mo Da Yr <b>4/13/58</b>	29. Type Of Employee <b>REGULAR</b>	Code <b>01</b>	30. Separation Data
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**PRESENT ASSIGNMENT**

31. Organizational Designations <b>DDP/WH Branch III Mexico Section</b>	Code <b>4713</b>	32. Location Of Official Station <b>Washington, D.C.</b>	Station Code <b>75013</b>
33. Dept. Field Dept. X Code Unfld. Fragn.	34. Position Title <b>I.O. (FI)</b>	35. Position No. <b>BA-521-22</b>	36. Serv. 37. Occup. Series <b>GS 0136.51</b>
38. Grade & Step <b>11-2</b>	39. Salary Or Rate <b>\$ 6605</b>	40. SD <b>DI</b>	41. Date Of Grade Mo Da Yr <b>4/10/55</b>
			42. PSI Due Mo Da Yr <b>4/10/55</b>
			43. Appropriation Number <b>8-3500-20</b>

**SOURCE OF REQUEST**

A. Requested By (Name And Title) <b>P.C. BOWERS WH/Personnel Officer</b>	C. Request Approved By (Signature And Title)
B. For Additional Information Call (Name & Telephone Ext.) <b>JOHN WACHENKO X 8242</b>	

**CLEARANCES**

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board	<i>[Signature]</i>	<b>4/1/58</b>	D. Placement	<i>[Signature]</i>	<b>7/1/57</b>
B. Pay. Control	<i>[Signature]</i>	<b>7/1/57</b>	E.	<i>[Signature]</i>	
C. Classification			F. Approved By	<i>[Signature]</i>	<b>1 APR 1958</b>

Remarks

PERIODIC ST. EVAL. 6/4/58

~~SECRET~~Classify According  
To Content.

## REQUEST FOR PERSONNEL ACTION

8 Nov 1957

1. Serial No.	2. Name (Last-First-Middle)	3. Date Of Birth	4. Ver. Prof.	5. Sex	6. CS - EOD
	ZEHKUNG, Charlotte L.	Mo Da Yr 1 12 29	None-0 5 Pt-1 10 Pt-2 Code 0	F	Mo Da Yr
7. SCD	8. CSC Reim	9. CSC Or Other Legal Authority	10. Apmt. Affidav.	11. FEGLI	12. LCD
Mo Da Yr	Yes - 1 No - 2 Code 1		Mo Da Yr	Yes - 1 No - 2 Code	Mo Da Yr

## PREVIOUS ASSIGNMENT

VOUCHERED

14. Organizational Designations	Code	15. Location Of Official Station	Station Code
DDP/WH Branch II Argentina Section		Washington, D. C.	
16. Dept. - Field	17. Position Title	18. Position No.	19. Serv. 20. Occup. Series
Dept. - X Usld. Frag. Code	Reports Officer	BA-313	GS 0132.44
21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade
GS-11-2	\$ 6605.00	DI	Mo Da Yr
			25. PSI Due
			Mo Da Yr
			26. Appropriation Number
			8-3500-20

## ACTION

27. Nature Of Action	Code	28. Eff. Date	29. Type Of Employee	Code	30. Separation Date
Reassignment	56	12/01/57	Regular	01	

## PRESENT ASSIGNMENT

VOUCHERED

31. Organizational Designations	Code	32. Location Of Official Station	Station Code
DDP/WH Branch III Mexico Section	4613	Washington, D.C.	11-12 23A13
33. Dept. - Field	34. Position Title	35. Position No.	36. Serv. 37. Occup. Series
Dept. - X Usld. Frag. Code	Reports Officer	BA-72.01	GS 0132.44
38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade
GS-11-2	\$ 6605.00	DI	Mo Da Yr
			42. PSI Due
			Mo Da Yr
			43. Appropriation Number
			2-3500-20

## SOURCE OF REQUEST

A. Requested By (Name And Title)	C. Request Approved By (Signature And Title)
P.C. BOWERS WH/Personnel Officer	
B. For Additional Information Call (Name & Telephone Ext.)	
H.C. MONTAGUE X 8242	

## CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board		12/1/57	D. Placement		12/1/57
B. Pay Control			E.		
C. Classification			F. Approved By	Robert W. Shady	

Remarks

~~SECRET~~

SECRET

REPRODUCTION MASTERS

~~SECRET~~

BIOGRAPHIC PROFILE

~~SECRET~~

H a n d l e   W i t h   C a r e

Charlotte BUSTONS-VIDELA

LEFT HAND SIDE

(numbered top to bottom)

1. Admin and finance documents - March 1974 - Jan 1978
2. Admin and finance documents - May 1951 - April 1956
3. Bio profile (sanitized form in file)



Charlotte BUSTOS-VIDELA

RIGHT HAND SIDE FILE

(numbered top to bottom)

1. Personnel/cover - after 1973
2. "Actions" - Personnel actions - after 1973
3. "Actions" - Personnel Actions - Before 1957
4. "Fitness Reports" - May 1973 - Nov 1977
5. "Fitness Reports" prior to 1957
6. "Other" - admin material - after 1973
7. "Other"-admin material-prior to 1957
8. "Medical" - all medical material related to clearances
9. "PHS-SEC" - document related to cover legend

SECRET

CLASSIFIED BY 030

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION  
OF OFFICIAL COVER BACKSTOP

11 Sep 72

FILE NO.  
3190

TO: (Check)	<input checked="" type="checkbox"/>	CHIEF, CONTROL DIVISION	SS NUMBER	
		CHIEF, CONTRACT PERSONNEL DIVISION	EMPLOYEE NUMBER	007667
	<input checked="" type="checkbox"/>	CHIEF, OPERATING COMPONENT (For action)	IC CARD NUMBER	2040
ATTN:	Edmond A. Sullivan		OFFICIAL COVER	<input checked="" type="checkbox"/> ESTABLISHED <input type="checkbox"/> DISCONTINUED
REF:	Form 1322 dated 5 May 72			
SUBJECT	BUSTOS-VIDELA, Charlotte Z		UNIT	
<b>KEEP ON TOP OF FILE WHILE COVER IN EFFECT</b>				
<input checked="" type="checkbox"/>	ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS		CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE:	
<input checked="" type="checkbox"/>	BASIC COVER PROVIDED EFFECTIVE DATE <u>Aug 62</u>		SUBMIT FORM 3254 _____ W-2 TO BE ISSUED. (HR 20-11)	
<input type="checkbox"/>	OPERATIONAL COVER PROVIDED FOR _____ TOY _____ OTHER (Specify)		SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HR 20-7)	
<input checked="" type="checkbox"/>	SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HR 20-7)		EAA: CATEGORY I <input type="checkbox"/> CATEGORY II <input type="checkbox"/>	
<input checked="" type="checkbox"/>	SUBMIT FORM 3254 _____ W-2 TO BE ISSUED. (HR 20-11)		RETURN ALL OFFICIAL DOCUMENTATION TO CCS	
<input checked="" type="checkbox"/>	SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-24)		SUBMIT FORM 2689 FOR _____ HOSPITALIZATION CARD	
<input checked="" type="checkbox"/>	SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-24)		DO NOT WRITE IN THIS BLOCK	
<input checked="" type="checkbox"/>	EAA: CATEGORY I <input type="checkbox"/> CATEGORY II <input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>	SUBMIT FORM 2689 FOR <u>AGE</u> HOSPITALIZATION CARD			
MEMORANDUM AND/OR COVER HISTORY Aug 51 - Aug 62 Hqs/OVERT Aug 62 - Jul 67 Hqs/DAC Jul 67 - Aug 72 Mexico/ Sep 72 - Present Hqs/DAC				
CD/kas				
DISTRIBUTION: COPY 1 - CO COPY 2 - OPERATING COMPONENT COPY 3 - O'DA COPY 4 - PL/TELETYPE COPY 5 - 30 COPY 6 - 100 - FILE				

FORM 1551 USE PREVIOUS EDITIONS

SECRET

14-00000

WARNING - DISSEM

(11-72-48)

SECRET

NOTIFICATION OF ESTABLISHMENT OF MILITARY COVER BACKSTOP		DATE 7 August 1962
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, RECORDS AND SERVICES DIVISION	ESTABLISHED FOR (NEE: ZEH-RUNG)
	<input type="checkbox"/> CHIEF, OPERATING COMPONENT, WH	BUSTOSVIDELA, Charlotte Z.
ATTN:	WH/SS Mr. Mullane	FILE NO. 3190
REF:	Verbal Request for Cover, Form 1322 Dated 31 Jul 62	ID CARD NO.
MILITARY COVER BACKSTOP ESTABLISHED		
<input checked="" type="checkbox"/> BLOCK RECORDS: (OPMEMO 20-800.11) a. TEMPORARILY FOR _____ DAYS, EFFECTIVE _____ <input checked="" type="checkbox"/> CONTINUING, EFFECTIVE 7 August 1962		
<input type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY TO 3. (HB 20-800.2)		
<input type="checkbox"/> ASCERTAIN THAT ARMY W-2 BEING ISSUED. (HB 20-661.1)		
<input type="checkbox"/> SUBMIT FORM 1322 FOR ALL CHANGE AFFECTING THIS COVER. (R 740.730)		
<input type="checkbox"/> SUBMIT FORM 1322 FOR TRANSFERRING COVER RESPONSIBILITY. (R 740.730)		
<input type="checkbox"/> REMARKS:		
THIS FORM MUST BE MAINTAINED IN THE FILE OF THE COVERED PERSON		
<input type="checkbox"/> COPY TO CPO/OP 43688 DISTRIBUTION 1 OSD 11 1 ASD 05, 1 ASD 10007 57151 JAMES J. T. [Signature] CHIEF, RECORDS AND SERVICES DIVISION		

THIS EMPLOYEE HAS BEEN IDENTIFIED AS  
A C.I.A. EMPLOYEE FOR PURPOSES OF  
WITHOLDING STATE AND FEDERAL TAXES

DATE DESIGNATED      JANUARY 03 1961

07667 CHARLOTTE L ZEHRUNG 235100010

**SECRET**  
(When Filled In)

**NOTIFICATION OF PERSONNEL ACTION**

**0JCS 07/21/73**

1 SERIAL NUMBER <b>0C7657</b>		2 NAME (LAST FIRST MIDDLE) <b>BUSTOSVIDELA C Z</b>	
3 NATURE OF PERSONNEL ACTION <b>REASSIGNMENT</b>		4 EFFECTIVE DATE MO DA. YR. <b>07 01 73</b>	5 CATEGORY OF EMPLOYMENT
6 FUNDS	<input checked="" type="checkbox"/> X	V TO V	V TO O
		O TO V	O TO O
7 PAY AND NICA <b>4235 4525 0000</b>		8 SEC OR OTHER LEGAL AUTHORITY	
9 ORGANIZATIONAL DESIGNATIONS <b>DDO/WH DIVISION</b>		10 LOCATION OF OFFICIAL STATION <b>WASH., D.C.</b>	
11 POSITION TITLE <b>OPS OFFICER</b>		12 POSITION NUMBER <b>1294</b>	13 GRADE SERVICE DESIGNATION <b>0</b>
14 CLASSIFICATION SCHEDULE (GS, LR, etc.) <b>GS</b>	15 OCCUPATIONAL SERIES <b>0136.01</b>	16 GRADE AND STEP <b>13</b>	17 SALARY OR RATE

18 REMARKS

SIGNATURE OR OFFICIAL IDENTIFICATION

**FOUO**

**07 01 73**

**SECRET**

"PAY ADJUSTMENT IN ACCORDANCE WITH 5 U.S.C. 530\* AND EXECUTIVE ORDER 11691 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 28 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 07 JANUARY 1973

EFFECTIVE DATE OF PAY ADJUSTMENT CORRECTED FROM  
7 JAN 1973 TO 1 OCT 1972 UNDER EXECUTIVE ORDER  
11777, DATED 12 APR 1972

NAME

BUSTOSVIDELA C Z

007667 51 300 V GS 13 7

NEW  
SALARY

\$23,642

SECRET

(When Filled In)

MDP: 26 SEPT 72

NOTIFICATION OF PERSONNEL ACTION							
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)					
007667		BUSTOSVIDELA C Z					
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT	
REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS				MO DA YR 09 17 72		REGULAR	
6. FUNDS		7. V TO V		7. V TO CF		8. CSC OR OTHER LEGAL AUTHORITY	
X		CF TO V		CF TO CF		3235 0620 0000 50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION			
DUP/WH DIVISION BRANCH 1 CA SECTION				WASH., D.C.			
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION	
OPS OFFICER				1294		U	
14. GRADE AND STEP		15. SALARY OR RATE		16. GRADE AND STEP		17. SALARY OR RATE	
GS		01300.00		13 7		23,642	
18. REMARKS							
W2 INFO: [REDACTED]							
PHONE BASE: WH							

SPACE BELOW FOR EXCLUSIVE USE BY THE OFFICE OF PERSONNEL							
19. REGIONAL OFFICE	20. DIVISION	21. BRANCH	22. POSITION	23. GRADE AND STEP	24. DATE OF TRADE	25. DATE OF TRADE	26. DATE OF TRADE
16	10	01300	WH	72013	01	12	25
27. NOTES				28. NOTES			
29. NOTES				30. NOTES			
31. NOTES				32. NOTES			
33. NOTES				34. NOTES			
35. NOTES				36. NOTES			
37. NOTES				38. NOTES			
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93. NOTES				94. NOTES			
95. NOTES				96. NOTES			
97. NOTES				98. NOTES			
99. NOTES				100. NOTES			

SECRET

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 92-210 AND EXECUTIVE ORDER 11637 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 9 JANUARY 1972

NAME	SERIAL	OPGN	FUNDS	GR-STEP	NEW SALARY
BUSTOSVIDELA C 2	007667	51	620	CF GS 13 7	\$22,487

1. SER. NO.		2. NAME		3. ORGANIZATION		4. FUNDS		5. LWOP INQRY	
007667		BUSTOSVIDELA C 2		51 620		CF			
6. OLD SALARY RATE				7. NEW SALARY RATE				8. TYPE ACTION	
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ADJ
GS 13	6	\$20,721	10/19/69	GS 13	7	\$21,313	10/17/71		
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.									
SIGNATURE						DATE			
						16/35			
						559			
<input type="checkbox"/> NO EXCESS LWOP <input checked="" type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD									
LITERARY NOTATIONS						SIGNED BY			
007667						16/35			
FORM 8006						PAY CHANGE NOTIFICATION			

00000

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-656 AND  
EXECUTIVE ORDER 11576 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE  
CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 JANUARY 1971

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
BUSTOSVIDELA C Z	007667	51	620	CF GS 13 6	\$20,721

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-251 AND  
EXECUTIVE ORDER 11524 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE  
CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 20 DECEMBER 1969

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
BUSTOSVIDELA C Z	007667	51	620	CF GS 13 6	\$19,555



"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5, U.S.C. AND EXECUTIVE ORDER 11739 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 OCTOBER 1973

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
BUSTOSVIDELA C 2	007667	51	100	V GS 13 7	\$24,811

1. Serial No.		2. Name		3. Grade and Step		4. Pay Grade		5. Action		
007667		BUSTOSVIDELA C 2		51 620 CF						
6. OLD SALARY RATE				7. NEW SALARY RATE				8. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADP
GS 13	5	\$17,920	10/19/69	GS 13	6	\$18,147	12/14/69			
9. Remarks and Authentication										
QUALITY STEP INCREASE										
/s/ R S HATTIES 12 DECEMBER 1969										
PAY CHANGE NOTIFICATION										

G51

1 SERIAL NO.		2 NAME		3 ORGANIZATION		4 FUNDS		5 LWOP HOURS	
007667		BUSTOSVIDELA C Z		51 620		CF			
6 OLD SALARY RATE				7 NEW SALARY RATE				8 TYPE ACTION	
Grade	Step	Salary	Last Eff Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ADJ.
GS 13	4	\$17,393	10/22/67	GS 13	5	\$17,920	10/19/69		
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.									
SIGNATURE <i>Harriet J. S. Kachawa</i>						DATE <i>8/16/69</i>			
<input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD									
CLERKS INITIALS				ACQUED BY <i>[Signature]</i>					
FORM 560 E Use previous editions PAY CHANGE NOTIFICATION (4-51)									

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTION 212 OF PL 90-206 AND EXECUTIVE ORDER 11474 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

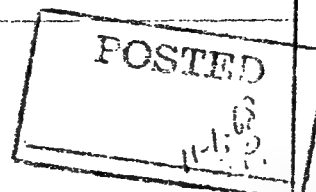
EFFECTIVE DATE OF PAY ADJUSTMENT: 13 JULY 1969

NAME	SERIAL	ORG.	FUNDS	GR-STEP	P.C.
BUSTOSVIDELA C Z	007667	51	620	CF GS 13 4	SALARY
					\$17,393

FVD: 31 OCT 68

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER 007667		2. NAME (LAST-FIRST-MIDDLE) BUSTOSVIDELA C Z									
3. NATURE OF PERSONNEL ACTION REASSIGNMENT						4. EFFECTIVE DATE MO DA YR 11 03 68		5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS		V TO V		V TO CF		7. Financial Analysis No Chargeable		8. CSC OR OTHER LEGAL AUTHORITY			
		CF TO V		CF TO CF		9135 0990 0000		50-LSC 403 J.			
9. ORGANIZATIONAL DESIGNATIONS DDP/WH FOREIGN FIELD BRANCH-1 MEXICO CITY, MEXICO STATION						10. LOCATION OF OFFICIAL STATION MEXICO CITY, MEXICO					
11. POSITION TITLE OPS OFFICER						12. POSITION NUMBER 0418		13. SERVICE DESIGNATION D			
14. CLASSIFICATION SCHEDULE (GS, etc.) GS				15. OCCUPATIONAL SERIES 0135.01		16. GRADE AND STEP 13 4		17. SALARY OR RATE 15843			
18. REMARKS STAFF EMPLOYEE SPECIAL											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING TELETYPE ALPHABETIC		22. STATION CODE	23. INTEGRITY CODE	24. HOURS CODE	25. DATE OF BIRTH MO DA YR	26. DATE OF LEASE MO DA YR	27. DATE OF LES MO DA YR		
37	10	51620 WH		45075		3	01 12 25				
28. TIME EXPIRES MO DA YR		29. SPECIAL REFERENCE		30. RETIREMENT DATA 1. FUL 2. C/A 3. FICA 4. NONE		31. SEPARATION DATA CODE		32. Correction / Cancellation Data TYPE MO DA YR		33. SECURITY REQ NO	34. SER
								EOD DATA			
35. VET PREFERENCE CODE		36. SERV COMP DATE MO DA YR		37. LONG COMP DATE MO DA YR		38. CAREER CATEGORY CAP RES PROV TEMP		39. FEEDBACK HEALTH INSURANCE CODE CODE 2. HEALTH HEALTH INS CODE		40. SOCIAL SECURITY NO	
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE				42. LEAVE CAT CODE		43. FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS		44. STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS			
0. NO PREVIOUS SERVICE 1. NO PREVIOUS SERVICE 2. PREVIOUS SERVICE (LESS THAN 5 YRS) 3. PREVIOUS SERVICE (MORE THAN 5 YRS)											
SIGNATURE OR OTHER AUTHENTICATION											

FORM 150  
2-64 MAY 1967Use Previous  
Edition

SECRET

FVD

Excluded from automatic  
downgrading and  
declassification

(When Filled In)

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTIONS 212 AND 216 OF PL 90-206 AND EXECUTIVE ORDER 11413 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 JULY 1968

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
BUSTOSVIDELA C Z	007667	31	620	CF GS 13 4	\$14,857	\$15,849

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION										
1. SERIAL NUMBER		2. NAME (LAST FIRST-MIDDLE)								
007667		BUSTOSVIDELA C Z								
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
PLACED TO REST					MO DA YR 11 14 68		REGULAR			
6. FUNDS		Y TO Y		Y TO CF		7. Financial Analysis No. Chargeable		8. CSC OR OTHER LEGAL AUTHORITY		
CF TO V		A		CF TO CF		6135 0000 0000		50 USC 403 J		
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION					
DDP, WH FOREIGN FIELD BRANCH 1 MEXICO CITY, MEXICO STATION					MEXICO CITY, MEXICO					
11. POSITION TITLE					12. POSITION NUMBER		13. SERVICE DESIGNATION			
OFFICE MANAGER					112					
14. CLASSIFICATION SCHEDULE (GS, FS, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS			0155.01		13 3		15750			
18. REMARKS										
LEAVE EMPLOYEE 11/14/68										
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL										
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING	22. STATION CODE	23. INTRACAT CODE	24. MAINT CODE	25. DATE OF BIRTH	26. DATE OF CREDE	27. DATE OF LST		
07	10	0155.01	007667		3	11 14 68	11 14 68			
28. MTL EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/INVESTIGATION DATA	33. SECURITY		34. SEC			
MO DA YR	02	02			EOD DATA		612 NO			
35. VET PREFERENCE	36. SERV. COMP. DATE	37. LONG COMP DATE	38. CAREER CATEGORY	39. FEGLI / HEALTH INSURANCE	40. SOCIAL SECURITY NO.					
CODE	02	02	10	CODE	CODE					
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE			42. LEAVE CAT	43. FEDERAL TAX DATA	44. STATE TAX DATA					
CODE			CODE	CODE	CODE					
0. NO PREVIOUS SERVICE			1. 1 YEAR	2. 2 YEARS	3. 3 YEARS					
4. 4 YEARS			5. 5 YEARS	6. 6 YEARS		7. 7 YEARS				
8. 8 YEARS			9. 9 YEARS	10. 10 YEARS		11. 11 YEARS				
SIGNATURE AND OTHER AUTHENTICATION										
<div style="border: 1px solid black; padding: 5px; display: inline-block;">             POSTED              11/14/68           </div>										

651

16411

CON 1000

1. SERIAL NO.		2. NAME		3. ORGANIZATION		4. FUNDS		5. LWOP HOURS	
007667		MUSTOSVIDELA C 2		51 620		CF			
6. OLD SALARY RATE				7. NEW SALARY RATE				8. TYPE ACTION	
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ADJ
GS 13	3	\$13,769	10/23/66	GS 13	4	\$14,217	10/22/67		
9. CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.									
SIGNATURE <i>John F. Baker</i>						DATE <i>8/18/67</i>			
<input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD									
CLERK'S INITIALS				AUDITED BY					
FORM 7-66 560 E Use previous editions				PAY CHANGE NOTIFICATION (4-51)					

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 90-216, PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 8 OCTOBER 1967

NAME  
MUSTOSVIDELA C 2

SERIAL ORGN. FUNDS GR-STEP OLD SALARY NEW SALARY  
007667 51 620 CF GS 13 3 \$13,769 \$14,407

MAH: 18 JULY 67

SECRET  
(When Filled In)

## NOTIFICATION OF PERSONNEL ACTION

OCF

1. SERIAL NUMBER 007667		2. NAME (LAST-FIRST MIDDLE) BUSTOSVIDELA C Z	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS			4. EFFECTIVE DATE MO DA YR 07 16 67
5. CATEGORY OF EMPLOYMENT REGULAR			6. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J
7. Financial Analysis No. Chargeable 8135 0990 0000		8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS DDP/WH FOREIGN FIELD BRANCH 1 MEXICO CITY, MEXICO STATION			
10. LOCATION OF OFFICIAL STATION MEXICO CITY, MEXICO			
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 1528	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LO, etc.) GS		15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 13 3
17. SALARY OR RATE 13769			
18. REMARKS OPS OFFICER OCCUPYING INTEL ANALYST POSITION.			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE 20	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 51620 WH	22. STATION CODE 45075
23. DATE OF BIRTH MO DA YR 01 12 29	24. DATE OF GRADE MO DA YR	25. DATE OF LET MO DA YR	26. DATE OF LET MO DA YR
27. NIE EXPIRES MO DA YR 07 15 69	28. SPECIAL REFERENCE 82	29. RETIREMENT DATA 1 YES 2 NO	30. SEPARATION DATA CODE 1 YES 2 NO
31. VET PREFERENCE CODE 0 NONE 1 5 PT. 2 10 PT.	32. VERY COMP. DATA MO DA YR	33. LONG COMP. DATA MO DA YR	34. CAREER CATEGORY CODE 0 NONE 1 YES 2 NO
35. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0 NO PREVIOUS SERVICE 1 NO BREAK IN SERVICE 2 BREAK IN SERVICE LESS THAN 3 YRS 3 BREAK IN SERVICE MORE THAN 3 YRS	36. LEAVE CAT CODE	37. FEDERAL TAX DATA CODE 0 NONE 1 YES 2 NO	38. FGLI / HEALTH INSURANCE CODE 0 NONE 1 YES 2 NO
39. SOCIAL SECURITY NO.	40. SPACE TAX DATA	41. SPACE TAX DATA	42. SPACE TAX DATA
SIGNATURE OF OTHER AUTHORITY			

POSTED  
07-2067N

FORM 1150

Use Previous Edition

SECRET

When Filled In

**SECRET**  
(When Filled In)

### NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 007687		2. NAME (LAST-FIRST-MIDDLE) LAST SVIDELA C Z	
3. NATURE OF PERSONNEL ACTION PROMOTION		4. EFFECTIVE DATE NO DA YR. 1 1 1966	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS V TO V CF TO V	V TO CF CF TO CF	7. COST CENTER NO. CHARGEABLE 700-0000-0000	8. CSC OR OTHER LEGAL AUTHORITY 30 USC 403 J
9. ORGANIZATIONAL DESIGNATIONS DDP, WH BRANCH 1 FI SECTION		10. LOCATION OF OFFICIAL STATION WASH., D.C.	
11. POSITION TITLE CHIEF OF STAFF OFFICER		12. POSITION NUMBER 1001	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LO, etc.) GS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 13 3	17. SALARY OR RATE 13760
18. REMARKS			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE 20	20. PENDING CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 1000	22. STATION CODE 70010
23. DATE OF BIRTH MO. DA. YR. 1 1 1912	24. DATE OF GRADE MO. DA. YR. 10 24 66	25. DATE OF LEI MO. DA. YR. 10 24 66	26. DATE OF LEI MO. DA. YR. 10 24 66
27. RET. EXPIRES NO DA YR. 1 1 1966	28. SPECIAL REFERENCE 1. CH 2. OFF 3. NONE	29. RETIREMENT DATA CODE	30. SEPARATION DATA CODE TYPE
31. VET. PREFERENCE CODE 1. 5 PT 2. 10 PT	32. SERV. COMP. DATE NO DA YR. 1 1 1966	33. LONG COMP. DATE NO DA YR. 1 1 1966	34. CAREER CATEGORY CODE 1. YES 2. NO
35. PREVIOUS GOVERNMENT SERVICE DATA CODE 1. NO PREVIOUS SERVICE 2. YES IN SERVICE 3. YES IN SERVICE AFTER 1 YEAR 4. YES IN SERVICE MORE THAN 1 YEAR	36. LEAVE CAT CODE	37. FEDERAL TAX DATA FORM EXECUTED 1. YES 2. NO	38. STATE TAX DATA FORM EXECUTED 1. YES 2. NO
SIGNATURE OR OTHER AUTHENTICATION			

FORM 1150  
11-62

Use Previous  
Edition

**SECRET**

11-27-66

(When Filled In)

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-301  
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,  
AS AMENDED, AND A-DCI POLICY DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1965

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
BUSTOS-VIDELA C Z	907667	91	300	V GS 12 6	\$12,025	\$12,459

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-504  
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,  
AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 3 JULY 1966

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
BUSTOS-VIDELA C Z	907667	91	300	V GS 12 6	\$12,459	\$12,822



007A67: BUSTOSVIDELA C Z

OLD SALARY RATE				NEW SALARY RATE				TYPE ACTION		
Grade	Step	Salary	End of Term	Grade	Step	Salary	Effective Date	PM	LU	ADJ
GS 12 5		111,670	10/13/65	GS 12 6		112,025	10/10/65			

Remarks and Authorization

// NO EXCESS LWOP  
// IN PAY STATUS AT END OF WAITING PERIOD  
// LWOP STATUS AT END OF WAITING PERIOD  
// CLERK INITIALS *DJ* AUDITED BY

I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

SIGNATURE: *[Signature]* DATE 23 Aug 65

PAY CHANGE NOTIFICATION

(481)

NJM 11 AUG 65

SECRET  
(When Filled In)

OCF

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 007667		2. NAME (LAST-FIRST-MIDDLE) BUSTOSVIDELA C Z	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT		4. EFFECTIVE DATE 08/01/65	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS X	V TO V CF TO V	7. COST CENTER NO. CHARGEABLE 6235 0620 0000	8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J
9. ORGANIZATIONAL DESIGNATIONS DDP/WH BRANCH 1 FI SECTION		10. LOCATION OF OFFICIAL STATION WASH., D. C.	
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 1201	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LS, HS) GS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 12 5	17. SALARY OR RATE 11670
18. REMARKS			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC 51300 ALPHABETIC WH	22. STATION CODE 75013
23. INTEGRAL CODE	24. MONTH CODE 1	25. DATE OF BIRTH 01/12/29	26. DATE OF GRADE -
27. DATE OF LEI -	28. HIR EXPIRES -	29. SPECIAL REFERENCE -	30. RETIREMENT DATA -
31. SEPARATION DATA -	32. CORRELATION/CANCELLATION DATA EOD DATA	33. SECURITY REG NO	34. SEC
35. VET PREFERENCE -	36. SERV. COMP. DATE -	37. LONG COMP. DATE -	38. CAREER CATEGORY -
39. FEGLI / HEALTH INSURANCE -	40. SCIPSE SECURITY NO	41. PREVIOUS GOVERNMENT SERVICE DATA -	42. LEAVE CAT -
43. FEDERAL TAX DATA -	44. STATE TAX DATA -	45. SIGNATURE OR OTHER AUTHENTICATION <i>[Signature]</i>	

SECRET

(When Filled In)

## NOTIFICATION OF PERSONNEL ACTION

OCS 05/27/69

1 SERIAL NUMBER

2 NAME (LAST-FIRST MIDDLE)

007667

RUSTOSVIDELA C Z

3 NATURE OF PERSONNEL ACTION

REASSIGNMENT

4 EFFECTIVE DATE

05 31 69

5 CATEGORY OF EMPLOYMENT

6 FUNDS

X

V TO V

V TO O

O TO V

O TO O

7 COST CENTER NO CHARGEABLE

5235 0620 0008

8 CSC OR OTHER LEGAL AUTHORITY

9 ORGANIZATIONAL DESIGNATIONS

DDP/WH DIVISION

10 LOCATION OF OFFICIAL STATION

WASH., D. C.

11 POSITION TITLE

OPS OFFICER

12 POSITION NUMBER

1202

13 CAREER SERVICE DESIGNATION

U

14 CLASSIFICATION SCHEDULE (GS, 18, etc)

GS

15 OCCUPATIONAL SERIES

0136.01

16 GRADE AND STEP

12

17 SALARY OR RATE

18 REMARKS

POSTED

6-9-65 HT

SIGNATURE OR OTHER AUTHENTICATION

**SALARY CONVERTED TO RATE SHOWN FOR INDIVIDUAL'S GRADE AND STEP AS INDICATED IN CHART BELOW.**

[illegible]

007667		BUSTOS-VIDELA, C. Z.		SI 600		V	
OLD SALARY RATE				NEW SALARY RATE			
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date
OS 12	4	\$10,970	10/11/61	OS 12	5	\$11,300	02/25/63
8. Remarks and Authorization							
QUALITY STEP INCREASE.							
SIGNED: E. D. ECHOZAR, JR. DATE: MARCH 21, 1963							
PAY CHANGE NOTIFICATION							

Form 360  
9-61  
Obsolete Previous Edition

MHC:5 DEC 63

SECRET  
(When Filled In)

OCF										NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER					2. NAME (LAST-FIRST MIDDLE)														
007667					BUSTOSVIDELA C Z														
3. NATURE OF PERSONNEL ACTION										4. EFFECTIVE DATE					5. CATEGORY OF EMPLOYMENT				
REASSIGNMENT										12 05 63					REGULAR				
6. FUNDS					7. COST CENTER NO. CHARGEABLE					8. CSC OR OTHER LEGAL AUTHORITY									
X					4235 1000 1000					50 USC 403 J									
9. ORGANIZATIONAL DESIGNATIONS										10. LOCATION OF OFFICIAL STATION									
DDP WH BRANCH 3 MEXICO SECTION										WASH., D.C.									
11. POSITION TITLE										12. POSITION NUMBER					13. SERVICE DESIGNATION				
OPS OFFICER										0321					D				
14. CLASSIFICATION SCHEDULE (GS, LW, etc)					15. OCCUPATIONAL SERIES					16. GRADE AND STEP					17. SALARY OR RATE				
GS					0136.01					12 4					10420				
18. REMARKS																			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																			
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGRAL CODE		24. MAPLE CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEV			
37		10		51400		WH		75013		1		01 12 29							
28. HIE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REG NO		34. SEX							
										EOD DATA									
35. VET PREFERENCE		36. STRV COMP DATE		37. LONG COMP DATE		38. CAREER CATEGORY		39. FEELI/RELIU INDEMNITY		40. SOCIAL SECURITY NO									
41. PREVIOUS GOVERNMENT SERVICE DATA		42. LEAVE LAY		43. FEDERAL TAX DATA		44. STATE TAX DATA													
45. SIGNATURE OR OTHER AUTHENTICATION																			
POSTED																			

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-795 AND DCI  
MEMORANDUM DATED 1 AUGUST 1966, SALARY IS ADJUSTED AS FOLLOWS,  
EFFECTIVE 5 JANUARY 1966.

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
BUSTOSVIDELA C Z	007667	51	400	V GS 12 4	\$10,420	\$10,970

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours				
007667		BUSTOSVIDELA C Z		64 400 V		2B				
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last PW. Date	Grade	Step	Salary	Effective Date	PS	LS	ADJ.
GS 12	3	\$10,105	10/14/62	GS 12	4	\$10,420	10/13/63			
8. Remarks and Authentication										
/ / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / LWOP STATUS AT END OF WAITING PERIOD CLENN'S INITIALS AUDITED BY JER										
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.										
SIGNATURE: [Signature] DATE: [Date]										
PAY CHANGE NOTIFICATION										

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 97-2793 AND  
 DCI MEMORANDUM DATED 1 AUGUST 1954, SALARY IS ADJUSTED AS FOLLOWS,  
 EFFECTIVE 16 OCTOBER 1962

NAME	SERIAL	ORGN	FUNDS	OLD GR-ST SALARY	OLD GR-ST SALARY	NEW GR-ST SALARY	NEW GR-ST SALARY
BUSTOSVIDELA C Z	007667	A4400	V	12 2	\$ 9219	12 2	\$ 9700

3235-000-1000

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours	
007667		BUSTOSVIDELA C Z		A4 400 V			
5. OLD SALARY RATE				6. NEW SALARY RATE			
Grade	Step	Salary	Low Eff Date	Grade	Step	Salary	Effective Date
GS-12	2	\$ 9,790	06/11/61	GS-12	3	\$10,105	10/14/62
7. TYPE ACTION							
PSI ISI ADI							
8. Remarks and Authentication							
/ / NO EXCESS LWOP / / IN PAY STATUS AT EN. OF WAITING PERIOD / / LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS AUDITED BY							
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.							
SIGNATURE: <i>Red P. Holman</i>				DATE: 26-X-62			
PAY CHANGE NOTIFICATION							

**SECRET**  
(When Filled In)

AEC- 11 AUG 61

**NOTIFICATION OF PERSONNEL ACTION**

1. SERIAL NUMBER <b>007667</b>		2. NAME (LAST-FIRST MIDDLE) <b>BUSTOS-VIDELA C Z</b> <b>BUSTOSVIDELA C Z</b>	
3. NATURE OF PERSONNEL ACTION <b>NAME CHANGE FROM* CHARLOTTE L. ZEBRUNG - CORRECTION**</b>		4. EFFECTIVE DATE MO DA YR <b>06 12 61</b>	5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>
6. FUNDS <input checked="" type="checkbox"/> X	V TO V <input type="checkbox"/>	V TO CF <input type="checkbox"/>	7. COST CENTER NO. CHANGEABLE <b>2235 1000 1000</b>
CF TO V <input type="checkbox"/>	CF TO CF <input type="checkbox"/>	8. CSC OR OTHER LEGAL AUTHORITY <b>50 USC 403 J</b>	
9. ORGANIZATIONAL DESIGNATIONS  <b>DDP WH BRANCH 3 MEXICO SECTION</b>		10. LOCATION OF OFFICIAL STATION  <b>WASH., D.C.</b>	
11. POSITION TITLE  <b>OPS OFFICER</b>		12. POSITION NUMBER <b>0607</b>	13. CAREER SERVICE DESIGNATION <b>D</b>
14. CLASSIFICATION SCHEDULE (GS, WB, etc.) <b>GS</b>	15. OCCUPATIONAL SERIES <b>0136.01</b>	16. GRADE AND STEP <b>12 2</b>	17. SALARY OR RATE <b>9215</b>
18. REMARKS * BY MARRIAGE ON 18 MARCH 61. ** THIS ACTION CORRECTS SF 1150 EFF 12 JUNE 61 ITEM # 2, NAME, WHICH READ BUSTOSVIDELA C Z TO READ BUSTOS-VIDELA C Z, FOR PAYROLL PURPOSE ONLY.			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE <b>01</b>	20. EMPLOY CODE <b>12</b>	21. OFFICE CODING NUMERIC ALPHABETIC <b>01 12 29</b>	22. DATE OF BIRTH MO DA YR <b>01 12 29</b>
23. DATE OF GRADE MO DA YR <b>01 12 29</b>	24. DATE OF LEE MO DA YR <b>01 12 29</b>	25. DATE OF BIRTH MO DA YR <b>01 12 29</b>	26. DATE OF GRADE MO DA YR <b>01 12 29</b>
27. DATE OF LEE MO DA YR <b>01 12 29</b>	28. DATE OF BIRTH MO DA YR <b>01 12 29</b>	29. DATE OF GRADE MO DA YR <b>01 12 29</b>	30. DATE OF LEE MO DA YR <b>01 12 29</b>
31. RETIREMENT DATA 1. CGL 2. PICA 3. NONE	32. SEPARATION DATA CODE TYPE MO DA YR <b>EOD DATA</b>	33. SECURITY REQ NO <b>01 12 29</b>	34. SEX <b>M</b>
35. NET PREFERENCE CODE 0 NONE 1 10 PT 2 10 PT	36. SERV. COMP. DATE MO DA YR <b>01 12 29</b>	37. LEAVE COMP. DATE MO DA YR <b>01 12 29</b>	38. MIL. SERV. CREDIT/L'S 1. YES 2. NO
39. FEGLI / HEALTH INSURANCE CODE CODE 0 PAID/PAID 1 YES	40. SOCIAL SECURITY NO <b>01 12 29</b>	41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 NO PREVIOUS SERVICE 1 NO AND/OR IN SERVICE 2 SERVICE IN SERVICE (LESS THAN 12 MONTHS) 3 SERVICE IN SERVICE (MORE THAN 12 MONTHS)	42. LEAVE CAT. CODE <b>01 12 29</b>
43. FEDERAL TAX DATA PERMANENTLY RESIDENT CODE NO TAX EXEMPTIONS 1 YES 2 NO	44. STATE TAX DATA PERMANENTLY RESIDENT CODE NO TAX EXEMPTIONS 1 YES 2 NO	45. SIGNATURE OR OTHER AUTHENTICATION  <b>POSTED</b> <b>08/22/61</b> <b>ZK</b>	

AEC: 12 JUNE 61

SECRET  
(When Filled In)

OFF												NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER				2. NAME (LAST-FIRST-MIDDLE)																			
007667				BUSTOSVIDELA C Z																			
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE						5. CATEGORY OF EMPLOYMENT											
NAME CHANGE FROM*						MO. DA. YR.						REGULAR											
CHARLOTTE L. ZEHRUNG						06 12 61																	
6. FUNDS				7. COST CENTER NO. CHARGEABLE				8. CSC OR OTHER LEGAL AUTHORITY															
X				1235 1000 1000				50 USC 403 J															
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION																	
DOP WH BRANCH 3 MEXICO SECTION						WASH., D.C.																	
11. POSITION TITLE						12. POSITION NUMBER						13. CAREER-SERVICE DESIGNATION											
OPS OFFICER						0607						D.											
14. CLASSIFICATION SCHEDULE (GS, WD, etc.)				15. OCCUPATIONAL SERIES				16. GRADE AND STEP				17. SALARY OR RATE											
GS				0136.01				12 2				9215											
18. REMARKS																							
*BY MARRIAGE. 18 MARCH 1961																							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																							
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING				22. STATION CODE		23. INTEGRITY CODE		24. MONTHLY CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEE					
51		10		NUMERIC ALPHABETIC										MO. DA. YR.		MO. DA. YR.		MO. DA. YR.					
28. DATE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA				31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ. NO.		34. SEX									
MO. DA. YR.				1. CODE 2. PICA 3. NONE						TYPE MO. DA. YR.		EOD DATA											
35. VET PREFERENCE				36. SERV. COMP. DATE				37. LONG COMP. DATE				38. MIL SERV. CREDIT/LED				39. FEGLI / HEALTH INSURANCE				40. SOCIAL SECURITY NO.			
CODE				MO. DA. YR.				MO. DA. YR.				1. YES 2. NO				CODE CODE				1. YES 2. NO			
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAP CODE				43. FEDERAL TAX DATA				44. STATE TAX DATA											
CODE				CODE				CODE CODE				CODE CODE				CODE CODE				CODE CODE			
1. NO PREVIOUS SERVICE 2. BREAK IN SERVICE (LESS THAN 12 MOS) 3. BREAK IN SERVICE (MORE THAN 12 MOS)				1. YES 2. NO				1. YES 2. NO				1. YES 2. NO				1. YES 2. NO				1. YES 2. NO			
SIGNATURE ON OTHER AUTHENTICATION																							
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED  06/14/61 ZK </div>																							



**SECRET**  
(When Filled In)

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours				
107667		107667 ZEHUNG CHARLOTTE		000/WH 3 V-20						
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last EM. Date	Grade	Step	Salary	Effective Date	PSI	ISI	ADJ.
GS	12 1	\$ 8,955	12/13/59	12	2	\$ 9,215	06/11/61			
8. Remarks and Authorization										
<p align="center">* NO EXCESS LWOP</p> <p align="center">/ / IN PAY STATUS AT END OF WAITING PERIOD</p> <p align="center">/ / IN LWOP STATUS AT END OF WAITING PERIOD</p> <p align="center"><b>EMMETT D. ECHOLS</b></p> <p align="center"><b>PAY CHANGE NOTIFICATION</b></p>										

Form 560

Obsolete Previous Edition

**SECRET**

(4-54)

IN ACCORDANCE WITH THE PROVISIONS OF P. L. 86-560 AND DCI MEMO DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS EFFECTIVE 10 JULY 1960.

SD	NAME	SERIAL	ORGN	GR-ST	OLD SALARY	NEW SALARY
DI	ZEHUNG CHARLOTTE	107667	46 13	GS-12 1	\$ 8,330	\$ 8,955

/S/ EMMETT D. ECHOLS  
DIRECTOR OF PERSONNEL

**SECRET**  
(When Filled In)

### NOTIFICATION OF PERSONNEL ACTION

PAS: 11 DEC 1959

1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet. Prof.		5. Sex		6. CS - EOD		
107667		ZEHRUNG CHARLOTTE				Mo.	Da.	Yr.	None-0 5 Pt-1 10 Pt-2	Code	F	2	Mo.	Da.	Yr.
01		12		29				0				08		27 51	
7. SCD		8. CSC Rating		9. CSC Or Other Legal Authority		10. Appt. Affidav.			11. FEGLI		12. LCD		13. Bill. Serv. Credit LEO		
Mo.	Da.	Yr.	Yes-1 No-2	Code			Mo.	Da.	Yr.	Yes-1 No-2	Code	Mo.	Da.	Yr.	Yes-1 No-2
04	02	51	1	1	50 USCA 403 J							08	27	51	2

### PREVIOUS ASSIGNMENT

14. Organizational Designations				Code	15. Location Of Official Station				Station Code	
DDP WH BRANCH 111 MEXICO SECTION				4613	WASH., D. C.				75013	
16. Dept. - Field		17. Position Title			18. Position No.		19. Serv.	20. Occup. Series		
Dept. - 2 USld - 4 Fign - 6	Code	I.O. FI			0521		GS	0136.51		
21. Grade & Step		22. Salary Or Rate		23. SD	24. Date Of Grade		25. PSI Due		26. Appropriation Number	
11 4		\$ 7750		DI	Mo.	Da.	Yr.	Mo.	Da.	Yr.
					04	10	55	04	06	58
					8 3500 20					

### ACTION

27. Nature Of Action		Code	28. Eff. Date		29. Type Of Employee		Code	30. Separation Data	
PROMOTION		30	Mo.	Da.	Yr.	REGULAR		01	
			12	13	59				

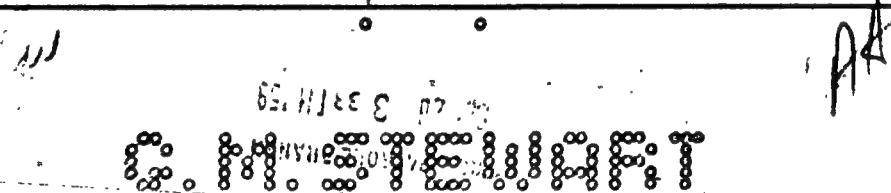
### PRESENT ASSIGNMENT

31. Organizational Designations				Code	32. Location Of Official Station				Station Code	
DDP WH BRANCH 111 MEXICO SECTION				4613	WASH., D.C.				75013	
33. Dept. - Field		34. Position Title			35. Position No.		36. Serv.	37. Occup. Series		
Dept. - 2 USld - 4 Fign - 6	Code	OPS OFCR			0607		GS	0136.01		
38. Grade & Step		39. Salary Or Rate		40. SD	41. Date Of Grade		42. PSI Due		43. Appropriation Number	
12 1		\$ 8330		DI	Mo.	Da.	Yr.	Mo.	Da.	Yr.
					12	13	59	06	11	61
					0235 1000 1000					

44. Remarks

LOST  
1-7-60  
HJH

**SECRET**  
(WHEN FILLED IN)

1. EMP. SERIAL NO.		2. NAME			3. ASSIGNED ORGAN.		4. FUNDS	5. ALLOTMENT			
107667		ZEMPRUNG CHARLOTTE			DDP/WH 3		V-20	100			
6. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			MO	DA	YR.				MO	DA	YR.
GS 11	3	\$ 7,510	04	06	58	GS 11	4	\$ 7,750	10	04	59
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER											
8. CHECK ONE <input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP						9. NUMBER OF HOURS LWOP					
IF EXCESS LWOP, CHECK FOLLOWING:											
<input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD						10. INITIALS OF CLERK					
<input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD						11. AUDITED BY					
TO BE COMPLETED BY THE OFFICE OF PERSONNEL											
12. TYPE OF ACTION						13. REMARKS					
<input type="checkbox"/> P.S.I. <input type="checkbox"/> L.S.I. <input type="checkbox"/> PAY ADJUSTMENT											
14. AUTHENTICATION											
											
PAY CHANGE NOTIFICATION											

FORM 5-59

560 OBSOLETE PREVIOUS EDITION REPLACES FORM 560B AND 960B.

SECRET

OFFICIAL PERSONNEL FOLDER

(4)

IN LIEU OF FORM 1150 THIS NOTIFICATION EFFECTS RESLOTING RESULTING  
FROM R-20-250

SER #

NAME

SD

OLD SLOT

NEW SLOT

DATE

107667 ZEMPRUNG CHARLOTTE

DI 0521

321

04/28/59

SECRET

GENERAL SCHEDULE SALARY INCREASE RETROACTIVELY EFFECTIVE  
12 JANUARY 1959 AUTHORIZED BY P. L. 85 - 462 AND DCI  
DIRECTIVE. SALARY AS OF 15 JUNE 1959 ADJUSTED AS FOLLOWS

NAME	SERIAL	GRADE-STEP	OLD SALARY	NEW SALARY
ZEHRUNG CHARLOTTE	107667	GS-11-3	\$ 6,820	\$ 7,510

GORDON M. STEWART  
/S/ DIRECTOR OF PERSONNEL

SECRET

SECRET

EMP. NO.		NAME		ASSIGNED ORGN.		FUND		ALLIEMENT	
107667		ZEHRUNG CHARLOTTE		DDP/WH		V-20			
6. OLD SALARY RATE				7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE
			MO.	DA.	YR.				MO.
GS 11	2	\$ 6,605	10	07	56	GS 11	3	\$ 6,820	04
									06
									58
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER									
9. CHECK ONE <input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP					9. NUMBER OF HOURS LWOP				
IF EXCESS LEAVE LWOP, CHECK FOLLOWING:					10. INITIALS OF CLERK				
<input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD					11. AUDITED BY				
<input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD									
TO BE COMPLETED BY THE OFFICE OF PERSONNEL									
12. PROJECTED SALARY RATE AND EFFECTIVE DATE					13. REMARKS				
GRADE	STEP	SALARY	MO.	DA.	YR.				
14. AUTHENTICATION									
<p>68 JUN 1959</p> <p>NONVUS TROUPE</p> <p>G. M. STEWART</p>									
PERIODIC STEP INCREASE - AUTHENTICATION									

**SECRET**  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION														
MCM 3 APRIL 58														
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet. Pref.		5. Sex		6. CS - EOD	
107667		ZEHRUNG CHARLOTTE				Mo. Da. Yr. 01 12 29			None-0 5 Pt-1 10 Pt-2		Code 0 F 2		Mo. Da. Yr. 08 27 51	
7. SCD		8. CSC Reamt.		9. CSC Or Other Legal Authority		10. Apmt. Affidav.			11. FEGLI		12. LCD		13. Encl. Re...	
Mo. Da. Yr. 04 02 51		Yes-1 No-2 1		50 USCA 403		Mo. Da. Yr. 04 02 51			Yes-1 No-2 1		Mo. Da. Yr. 08 27 51		Yes-1 No-2 2	

**PREVIOUS ASSIGNMENT**

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDP WH BRANCH 111 MEXICO SECTION				4613		WASH D C				75013	
16. Dept. - Field		17. Position Title		18. Position No.		19. Serv.		20. Occup. Series			
Dept - 8 USfld - 4 Frgn - 6		Code 2		REPORTS OFF		0072.01		GS		0132.44	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
11 2		\$ 6605		D1		Mo. Da. Yr. 04 10 55		Mo. Da. Yr. 04 06 58		8 3500 20	

**ACTION**

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
REASSIGNMENT		56		Mo. Da. Yr. 04 03 58		REGULAR		01			

**PRESENT ASSIGNMENT**

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDP WH BRANCH 111 MEXICO SECTION				4613		WASH., D. C.				75013	
33. Dept. - Field		34. Position Title		35. Position No.		36. Serv.		37. Occup. Series			
Dept - 8 USfld - 4 Frgn - 6		Code 2		I.O. FI		0521		GS		0136.51	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
11 2		\$ 6605		D1		Mo. Da. Yr. 04 10 55		Mo. Da. Yr. 04 06 58		8 3500 20	
44. Remarks											
<div align="right"> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>POSTED</b>  <i>5/7/58</i> </div> </div>											

**SECRET**  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION															
MYL															
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vol. Prof.		5. Sex		6. CS - EOD		
107667		ZEHRUNG CHARLOTTE				Mo.	Da.	Yr.	None-0 5 Pt-1 10 Pt-2	Code	F	2	Mo.	Da.	Yr.
01		12		29				0				08		27 51	
7. SCD		8. CSC Rmt.		9. CSC Or Other Legal Authority		10. Apmt. Affidav.			11. FEGLI		12. LCD		13. Encl. Cts		
Mo.	Da.	Yr.	Yes-1 No-2	Code				Mo.	Da.	Yr.	Yes-1 No-2	Code			
04	02	51	1	1	50 USCA 403 J								08	27 51	

**PREVIOUS ASSIGNMENT**

14. Organizational Designations				Code	15. Location Of Official Station				Station Code		
DDP WH BRANCH 11 ARGENTINA SECTION					WASH D C						
16. Dept. - Field		17. Position Title			18. Position No.		19. Serv.		20. Occup. Series		
Dept - 2 USld - 4 Frqn - 6	Code	REPORTS OFFICER			313		GS		0132.44		
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
11 2		\$ 6605		DI		Mo. Da. Yr.		Mo. Da. Yr.		8 3500 20	

**ACTION**

27. Nature Of Action		Code	28. Eff. Date		29. Type Of Employee		Code	30. Separation Data	
REASSIGNMENT		56	12 01 57		REGULAR		01		

**PRESENT ASSIGNMENT**

31. Organizational Designations				Code	32. Location Of Official Station				Station Code		
DDP WH BRANCH 111 MEXICO SECTION				4613	WASH D C				75013		
33. Dept. - Field		34. Position Title			35. Position No.		36. Serv.		37. Occup. Series		
Dept - 2 USld - 4 Frqn - 6	Code	REPORTS OFF			0072.01		GS		0132.44		
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
11 2		\$ 6605		DI		Mo. Da. Yr.		Mo. Da. Yr.		8 3500 20	
04		11 155		04 106 158							
44. Remarks											
<div align="center"> <p><b>POSTED</b></p> <p>10/19/57. <i>Rh</i></p> </div>											

SECRET  
CLASSIFICATION

FITNESS REPORT

SECTION A

GENERAL INFORMATION

1. EMPLOYEE NUMBER 007667 2. NAME (Last, first, middle) Bustos-Videla, Charlotte Z. 3. DATE OF BIRTH 12 Jan 29 4. SEX F 5. GRADE GS-13 6. SD D  
7. OFFICIAL POSITION TITLE Operations Officer 8. OFF. DIV/BR OF ASSIGNMENT DDO/WH/1 9. CURRENT STATION 10. HQ CD

11. TYPE OF APPOINTMENT

12. TYPE OF REPORT

CAREER RESERVE CONTRACT OTHER (Spec.) TEMPORARY ANNUAL REASSIGNMENT SPECIAL

13. REPORTING PERIOD (from-to)

14. DATE REPORT DUE IN O.P.

1311X 1 August 1972 - 30 April 1973

SECTION B

QUALIFICATIONS UPDATE

IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.

SECTION C

PERFORMANCE EVALUATION

U-Unsatisfactory Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.  
M-Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.  
P-Proficient Performance is satisfactory. Desired results are being produced in the manner expected.  
S-Strong Performance is characterized by exceptional proficiency.  
O-Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter, which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

SPECIFIC DUTY NO. 1 Functions as Chief of the WH/1/SA and Cuba Section, supervising one case officer, one IA and one secretary. RATING LETTER S  
SPECIFIC DUTY NO. 2 Analyzes all traffic pertaining to Branch and Station SA and Cuban Operations, performs all operational support, project actions, correspondence, coordination, memoranda and file maintenance. RATING LETTER O  
SPECIFIC DUTY NO. 3 Prepares studies, file analyses and special reports such as budget and program call and correspondence with the White House. RATING LETTER O  
SPECIFIC DUTY NO. 4 RATING LETTER  
SPECIFIC DUTY NO. 5 RATING LETTER  
SPECIFIC DUTY NO. 6 RATING LETTER

OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. RATING LETTER S

CLASSIFICATION

SECTION D

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.

In the 8 months during which she was under my supervision, Mrs. Bustos has performed in that same hard-working, highly-productive style which has become her trademark over the years. She understands the intelligence process from start to finish and is personally experienced with each step along the way, save the agent handling aspects. She excels in each phase of the work.

As chief of the Branch SA and Cuban activities section, she has once again demonstrated her mastery over her assigned duties. She is a sound, dependable, yet imaginative and energetic operations officer, whose performance leaves little to be desired. While she had had little previous supervisory experience, she has in this assignment demonstrated exemplary supervisory ability. Notwithstanding her drive, tenacity and attention to detail, she is a popular co-worker, is receptive to guidance and is sensitive to, and responsive to the needs of her subordinates.

In her performance of specific duty No. 2, she has brought to bear upon her daily duties her broad experience, high intelligence and good operational sense, functioning with practically no need of close supervision. It is comforting to know that an assignment given to this employee is always done promptly, professionally and cheerfully.

Her adaptability was demonstrated in her specific duty No. 3. Despite the press of normal daily activity, she was often called upon to produce "crash"

(continued)

SECTION E

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, C AND D OF THIS REPORT		
DATE 21 May 1973	SIGNATURE <i>Charles J. Swider</i>	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 8	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 21 May 1973	OFFICIAL TITLE OF SUPERVISOR DC/WH/1	TYPED OR PRINTED NAME AND SIGNATURE <i>Raymond J. Swider</i> Raymond J. Swider
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL The rater has written an accurate and thorough evaluation of Mrs. Bustos. I concur without reservation in the ratings provided subject. She is an exceptional officer. Her ability to perform a variety of assignments in Headquarters and the Field has measured up to an outstanding record. Her work with subordinates clearly indicate she is a good supervisor. Mrs. Bustos performs all facets of her work in an exemplary manner and in my judgement rates in the upper percentile in the A Category.		
DATE 21 May 1973	OFFICIAL TITLE OF REVIEWING OFFICIAL C/WH/1	TYPED OR PRINTED NAME AND SIGNATURE <i>John C. Murray</i> John C. Murray

CLASSIFICATION  
SECRET



Narrative Comments (continued): (Charlotte Z. Bustos-Videla)

papers for the Branch because of her innate talents and established reliability. She never failed to impress her supervisor with her production, writing ability and energy. Her overall performance is clearly in excess of her grade level.

In terms of true cost and security-consciousness, she must also be considered very strong because she has a positive and aggressive attitude towards these subjects. It is with deep regret that the Branch parts with this employee who now moves up to the Division front office staff.

## C-O-N-F-I-D-E-N-T-I-A-L

Covert Action Operations Seminar No. 2-73  
35 hours, full time

Participant : Bustos-Videla, Charlotte

Office : WH

Year of Birth: 1929

Service Designation: D

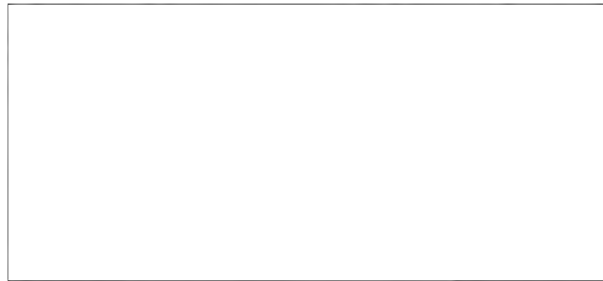
Grade : GS-13

No. of Students : 20

EOD Date : 08/51

COURSE OBJECTIVES, CONTENT AND METHODS

The objective of the Seminar is to give the participant a familiarization with the major fields of covert action. These are viewed as:



The Seminar includes a discussion of the "political animal" and an analytical look at the political personality.

The technique of instruction is one of talks by Operations Officers experienced in various specific kinds of operation, followed by questions and discussion. Participants are encouraged and expected to ask questions and engage in the discussions, drawing upon and relating their experience to that under discussion. One of the important values to be gained from the Seminar is this exchange of experience.

ACHIEVEMENT RECORD

This is a certificate of attendance. No further assessment of individual capacity or performance is made in this course.

FOR THE DIRECTOR OF TRAINING:



Chief Instructor

2/28/73  
 Date

C-O-N-F-I-D-E-N-T-I-A-L

**CONFIDENTIAL****TRAINING REPORT****Midcareer Course No. 34**

**Student** : Bustos-Videla, Charlotte      **Date** : 11/5-12/22/72  
**Year of Birth:** 1929      **Office** : WH/1  
**Grade** : 13      **Service Designation:** D  
**No. of Students** : 30

**COURSE OBJECTIVES -- CONTENT AND METHODS**

The Midcareer Course is designed to enable potential executive officers to develop and widen their understanding of management practices, of the Agency and the Intelligence Community, and of the Government's involvement in international affairs.

The Course consists of three major segments of varying lengths. The topics covered through lectures, seminars, group discussions and field trips are:

1. Effective managerial behavior as derived through study of the Managerial Grid.
2. The functions, relationships and problems of various Agency components and of members of the Intelligence Community.
3. Selected elements of national power and current developments in key international affairs.

**ACHIEVEMENT RECORD**

No evaluation of the student is made during the Course, and no final grade is given upon course completion.

FOR THE DIRECTOR OF TRAINING:

[Signature Box]

22 DEC 1972

Date

(Midcareer Course Chairman

Classified by: 17-1626  
EX-2, APDCI,  
WSISM

**CONFIDENTIAL**

(When Filled In)

**FITNESS REPORT**

EMPLOYEE SERIAL NUMBER

007667

## SECTION A

## GENERAL

1. NAME <b>Buñton-Videla, Charlotte Z.</b>		2. DATE OF BIRTH <b>12 Jan 29</b>		3. SEX <b>F</b>		4. GRADE <b>GS-13</b>		5. SU <b>D</b>	
6. OFFICIAL POSITION/TITLE <b>Operations Officer</b>				7. OFF/DIV/BR OF ASSIGNMENT <b>DDP/WH/1</b>		8. CURRENT STATION <b>Mexico City</b>			
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT					
<input checked="" type="checkbox"/> <b>CAREER</b>		<input type="checkbox"/> <b>RESERVE</b>		<input type="checkbox"/> <b>TEMPORARY</b>		<input type="checkbox"/> <b>INITIAL</b>		<input checked="" type="checkbox"/> <b>REASSIGNMENT SUPERVISOR</b>	
<input type="checkbox"/> <b>CAREER-PROVISIONAL (See Instructions - Section C)</b>				<input checked="" type="checkbox"/> <b>ANNUAL</b>		<input type="checkbox"/>		<input type="checkbox"/> <b>REASSIGNMENT EMPLOYEE</b>	
<input type="checkbox"/> <b>SPECIAL (Specify):</b>				<input type="checkbox"/> <b>SPECIAL (Specify):</b>					
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to) <b>1 January - 31 July 1972</b>					

## SECTION 8

## PERFORMANCE EVALUATION

<u>Unsatisfactory</u>	Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.
<u>Marginal</u>	Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.
<u>Satisfactory</u>	Performance is satisfactory. Desired results are being produced in the manner expected.
<u>Strong</u>	Performance is characterized by exceptional proficiency.
<u>Outstanding</u>	Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

### SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the performance to which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

SPECIFIC DUTY NO. 1	<p>Prepares operational target studies on PBRUMEN officials and assists in the planning of operations against those targets.</p>	<p>RATING LETTER</p>
		<p>0</p>

Screen all agent and technical reports dealing with PHROUMEN targets for operational and positive information and puts in retrievable form.	S
---	---

12-15, 16C DUFF NO. 1.	Assists Case Officers in preparation of operational reports by doing all basic research such as tracing and file reviews and presents the results in exploitable form.	RATING LETTER D
------------------------	--	--------------------

PREPARES DRAFT INTELLIGENCE REPORTS FROM RAW AGENT REPORTS, TECHNICAL OPERATIONS AND DEFECTOR DEBRIEFINGS.	RATING LETTER 0
---	-----------------------

GOA/DT&O Project Officer	RATING LETTER S
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108-60000-10000	Management of the PBRUMEN section files.	12 OCT 1974	RATING LETTER S
-----------------	--	-------------	-----------------------

### OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and limitations or talents. Based on your knowledge of employee's overall performance during the rating period, indicate the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

## SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relation to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p> <p>In reviewing my previous fitness report and those of my predecessors, on this fine officer, I find myself hard put not to repeat what has been said so often before. She has been the backbone of this section and of those where she has worked previously. Her work has always shown excellent judgement and ingenuity. A self-starter with tremendous drive and discipline, the amount of work she has produced has been prodigious. An excellent team worker, she has never shirked when as so often happens - she is asked to take on additional work or work on a matter outside of her regular field. While forceful, she is diplomatic and tactful and is able to present suggestions and criticisms in a pleasant manner. She is one of the most dedicated persons I have met in the Organization, and exceptionally dependable. While, as a woman and a Specialist, she has had little opportunity to handle agents she has done very well with those we have given her to handle. She has showed great ability in the training of two transcribers and in the debriefing of two female agents and their husbands. This is in large part due to her in-depth knowledge of the targets this section is working on. The past few months have been difficult, requiring the complete reorganization of this Section and the termination of the majority of our assets. Under this stress, she has performed in her usual outstanding manner. Perhaps, even a little better. Her handling of a great deal of file work has been excellent, probably in part because she was the one who set it up and has maintained it in its present very good state.</p> <p style="text-align: right;">(continued)</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
7 Aug 1972	/s/ Charlotte Z. Bustos-Videla		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
7 August 1972	Operations Officer	/s/ John M. Burke	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>Without any hesitation I concur with the outstanding ratings above. Subject is now up for rotation and we will miss her immensely. For years she has dedicated her entire time to her job which she has done so well. She has been creative, thorough and accurate. Although she has not had supervisory experience at this station, she has performed in a manner which clearly reflects that she would have no problem with supervising. A truly outstanding employee with growth potential.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
7 Aug 1972	DCOS	/s/ George A. Fitt XXXXXXXXXXXX	

SECRET

**SECRET****(CONTINUED)****SECTION C      NARRATIVE COMMENTS**

The one criticism of this Officer's work that I and others have made in the past still stands. She tries to do everything and somethings in this business just don't deserve the attention she gives them.

I have no personal knowledge of her supervisor abilities, but believe she is a natural leader.

**SECRET**

When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				007667	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
Bustos-Videla, Charlotte Z.		12 Jan 29	F	GS-13	D
6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION	
Operations Officer		DDP/WH/1		Mexico City	
9. CHECK (X) TYPE OF APPOINTMENT		10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)		<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify): <input type="checkbox"/> SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.		12. REPORTING PERIOD (From, to)			
		January 1971 - December 1971			
SECTION B PERFORMANCE EVALUATION					
U-Unsatisfactory		Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.			
M-Marginal		Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.			
P-Profitent		Performance is satisfactory. Desired results are being produced in the manner expected.			
S-Strong		Performance is characterized by exceptional proficiency.			
O-Outstanding		Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.			
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Prepares operational target studies on PBRUMEN officials and assists in the planning of operations against these targets.					RATING LETTER O
SPECIFIC DUTY NO. 2 Screens all raw reports dealing with PBRUMEN targets for operational and positive intelligence.					RATING LETTER S
SPECIFIC DUTY NO. 3 Conducts name checks, file reviews, prepares finished memos, cables, and dispatches. Assists Case Officers in preparation of operational reports.					RATING LETTER O
SPECIFIC DUTY NO. 4 Prepares draft intelligence reports from raw agent reports, technical operations and defector debriefings.					RATING LETTER O
SPECIFIC DUTY NO. 5 Handles miscellaneous special projects for the Station; screening and routing to all sections daily audio take; operational reporting and project responsibility for COA/D&TO project.					RATING LETTER S
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter or the rating best corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER S

**SECRET**

(When Filled In)

<b>SECTION C</b>		<b>NARRATIVE COMMENTS</b>	
<p><small>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be considered, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</small></p>			
<p>Dec 27 8 55 AM '71</p> <p>This supervisor has worked with a variety of Intelligence Assistants. Many were good, but none compared with this Subject. She is the most thorough and fastest working IA I have met. Her capacity for hard work and long hours is prodigious. Her knowledge of operational matters is equal to that of most case officers. She has an operationally creative mind and has made many excellent suggestions for the improvement of the section's work. Additionally, her command of the Spanish language enhances all of the above abilities. This officer has found her very pleasant to work with. She has a unique ability to make constructive criticism in a tactful manner.</p> <p>If this Subject has a weakness, it was pointed out by the reviewing officer in the last fitness report when he said, "in her voracious appetite for all kinds of facts (she) can at times put undue emphasis on them, including factual minutiae as against equally important but more elusive subjective factors."</p> <p>Because of her outstanding performance and abilities the Subject will be given some activity handling agent personnel, during the forthcoming year.</p> <p>The Subject's continued fine performance since her last promotion merits special consideration by the Promotion Board.</p>			
<b>SECTION D</b>		<b>CERTIFICATION AND COMMENTS</b>	
<b>1. BY EMPLOYEE</b>			
<small>I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT</small>			
<small>DATE</small>	<small>SIGNATURE OF EMPLOYEE</small>		
9 December 1971	/s/ Charlotte Z. Bustos-Videla		
<b>2. BY SUPERVISOR</b>			
<small>MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION</small>	<small>IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION</small>		
<small>DATE</small>	<small>OFFICIAL TITLE OF SUPERVISOR</small>	<small>TYPED OR PRINTED NAME AND SIGNATURE</small>	
9 December 1971	Ops Officer	/s/ John M. Burke	
<b>3. BY REVIEWING OFFICIAL</b>			
<small>COMMENTS OF REVIEWING OFFICIAL</small>			
<p>I concur with the above ratings and comments. Subject performs all the tasks outlined above in a very professional and methodical manner. One does not even sense that the work is going on until the finished product is produced. It is always excellent. We count heavily on her thoughts and ideas in all operational studies and considerations. She is ops oriented and has an excellent bank of information to call on when necessary. She is pleasant and has the respect of her co-workers as well as her supervisors. Her abilities are varied and she can be counted on to perform extremely well regardless of assignment or target. We will be losing this fine officer soon and we will be hard put to find someone who will be able to replace her.</p>			
<small>DATE</small>	<small>OFFICIAL TITLE OF REVIEWING OFFICIAL</small>	<small>TYPED OR PRINTED NAME AND SIGNATURE</small>	
9 December 1971	Deputy Chief of Station	/s/ George A. Fill	

**SECRET**



SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				007667	
<b>SECTION A GENERAL</b>					
1. NAME BUGTOS-VIDELA, CHARLOTTE Z. (Middle)		2. DATE OF BIRTH 12 Jan. 29	3. SEX F	4. GRADE GS-13	5. SD D
6. OFFICIAL POSITION TITLE Operations Officer		7. OFF/DIV/BR OF ASSIGNMENT DDP/WH/Br 1		8. CURRENT STATION Mexico City	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR		
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
<input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to) 1 January - 31 December 1970		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<b>U-Unsatisfactory</b>		Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.			
<b>M-Marginal</b>		Performance is deficient in some respects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.			
<b>P-Proficient</b>		Performance is satisfactory. Desired results are being produced in the manner expected.			
<b>S-Strong</b>		Performance is characterized by exceptional proficiency.			
<b>O-Outstanding</b>		Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.			
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Prepares operational target studies on PBRUMEN officials of interest and helps in the preparation of operational planning re target personnel. (12/17)					RATING LETTER O
SPECIFIC DUTY NO. 2 Screens the raw reports from technical operations and agents for operationally useful information.					RATING LETTER O
SPECIFIC DUTY NO. 3 Provides operational and administrative support for station PBRUMEN activities. This includes name checks, file reviews, preparation of memos, cables and dispatches, and helps in the preparation of project reports, outlines, and renewals.					RATING LETTER O
SPECIFIC DUTY NO. 4 Supervises the handling of the station PBRUMEN [ ] and in general [ ] of interest to and from PBRUMEN for our station, Headquarters and other stations.					RATING LETTER S
SPECIFIC DUTY NO. 5 Helps the station intelligence chief in the preparation of finished intelligence reports from a PBRUMEN [ ] (only part of the reporting period).					RATING LETTER S
SPECIFIC DUTY NO. 6 Handles miscellaneous special projects for the station in addition to her PBRUMEN duties (examples: organization of station [ ] screening certain raw reports for whole station, preparation of OOA/DTO project renewal).					RATING LETTER S
OVERALL PERFORMANCE IN CURRENT POSITION					RATING LETTER O
Take into account everything about the employee which influences his effectiveness in his current position, such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					

SECRET

# SECRET

(When Filled In)

## SECTION C

## NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

Subject worked most of April 29, 1971 in the station PBRUMEN section. She was clearly outstanding in collating information from all sources during a recent intensified "PBRUMEN" month, determining as a result the overall pattern of the PBRUMEN mission here, spotting operational leads and updating target studies on all PBRUMEN officials as a result. Her final writeup regarding both new information obtained and the gaps that remain was thorough and useful.

Subject is extraordinarily rapid and efficient in researching for info, organizing files and other material and writing up any kind of resulting memo or dispatch. The same might be said perhaps of some other real pros in the IA field. However, in addition, Subject has a good, tough, operations-oriented mind and positively contributes ideas and suggestions re new operational techniques which the station has used profitably. Subject has natural managerial abilities as recently demonstrated in her organizing TDY help in a station-wide file and [redacted] in connection with [redacted]. Her Spanish is more than adequate for reading reports, and handling operational messages in that language. In sum, Subject is a tremendous station asset and would be extremely hard to replace without noting a serious loss in station efficiency.

-continued

## SECTION D

## CERTIFICATION AND COMMENTS

### 1. BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

5 March 1971

SIGNATURE OF EMPLOYEE

/s/ Charlotte P. Bustos-Videla

### 2. BY SUPERVISOR

DOES THIS EMPLOYEE HAVE BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

5 March 1971

OFFICIAL TITLE OF SUPERVISOR

Operations Officer

TYPED OR PRINTED NAME AND SIGNATURE

/s/ John Issminger

### 3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Although in my opinion there is an excessive use of "outstanding" by the rating officer, I am in accord with his narrative comments. Subject is definitely more than an IA and has performed as such when the station has required an individual with in-depth knowledge of station procedures, operational awareness combined with an ability to prepare studies in a short period of time. She's thorough, concise and rapid. One of our hardest workers and most dependable employees.

DATE

25 March 1971

OFFICIAL TITLE OF REVIEWING OFFICIAL

Deputy Chief of Station

TYPED OR PRINTED NAME AND SIGNATURE

/s/ George A. Fill

SECRET

SECTION C

NARRATIVE COMMENTS

-continued

Three rather personalized comments might add meaning to this fitness report. Anyone, particularly a female, fitting the above description of efficiency and achievement can be, and often is a little overbearing and difficult to work with as a person. Subject, withall, is a pleasant personality who knows how to make her contributions and comments in a forthright but tactful manner. Secondly, and this one is a little hard to say, Subject in her voracious appetite for all kinds of facts can at times put undue emphasis on them including factual minutiae as against equally important but more elusive subjective factors. Thirdly, this rating officer has personally observed Subject only working on station premises at an office job, and frankly has no idea how she might function in outside operational work (cultivating people,

SECRET/RYBAT

MEMORANDUM FOR THE RECORD

CHARLOTTE BUOTOS VIDELA

SUBJECT: Overall Outstanding Rating on [REDACTED]:  
Method of Recognition

1. This memo is being written in accordance with paragraph three of Book Dispatch 5273 of 12 April 1966.
2. [REDACTED] was last granted a Quality Step Increase about a year ago in recognition of her very fine performance. It is a little early to repeat that kind of recognition even though it is a most logical and meaningful means to show recognition of her outstanding work.
3. Consideration should be given to an appropriate occasion in the fairly near future to grant another QSI to [REDACTED].

SECRET/RYBAT

Reviewed by OR SPD/PCB

**SECRET**  
(When Filled In)

<b>FITNESS REPORT</b>						<b>EMPLOYEE SERIAL NUMBER</b> <b>007667</b>	
<b>SECTION A GENERAL</b>							
1. NAME (Last) <b>BustoeVidela</b> (First) <b>Charlotte</b> (Middle) <b>Z</b>			2. DATE OF BIRTH <b>12 Jan 29</b>	3. SEX <b>F</b>	4. GRADE <b>GS-13</b>	5. SO <b>D</b>	
6. OFFICIAL POSITION TITLE <b>Ops Officer</b>			7. OFF/DIV/BR OF ASSIGNMENT <b>DDP/WH/Branch 1</b>		8. CURRENT STATION <b>Mexico City</b>		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT				
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> SPECIAL (Specify): <input type="checkbox"/> REASSIGNMENT EMPLOYEE				
11. DATE REPORT DUE IN O.P. <b>28 February 1970</b>			12. REPORTING PERIOD (From - to) <b>1 August 1969 - 31 December 1969</b>				
<b>SECTION B PERFORMANCE EVALUATION</b>							
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							<b>RATING LETTER</b>
SPECIFIC DUTY NO. 1 <b>Complete reorganization of Station files, including development of new procedures, revision of file categories, consolidation, purging and destruction.</b>							<b>O</b>
SPECIFIC DUTY NO. 2 <b>Provides overall guidance to Station and FBY personnel engaged in reorganization of Station files. Supervision of Secretary-Receptionist.</b>							<b>S</b>
SPECIFIC DUTY NO. 3 <b>Special assistance to COS/DCOS in revamping the paper flow within the Station and between the Station and other Government agencies.</b>							<b>S</b>
SPECIFIC DUTY NO. 4 <b>Preparation of special studies for the COS/DCOS concerning the effectiveness of Station paper handling procedures, personnel economies related thereto and the improvement of Station</b>							<b>RATING LETTER</b>
SPECIFIC DUTY NO. 5 <b>utilization of manpower, space and funds as a result of the reorganization of Station Registry functions and personnel.</b>							<b>S</b>
SPECIFIC DUTY NO. 6							<b>RATING LETTER</b>
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							<b>S</b>

**SECRET**

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. <u>Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable.</u> If extra space is needed to complete Section C, attach a separate sheet of paper.</p> <p>In July 1969 Subject was transferred from the Cuba Section to the Station front office to serve as an executive assistant to the COS with special responsibility for ensuring that the paper flow of the Station remained under effective control during the period of transition resulting from the assignment here of several senior officers. This transition period necessitated or gave rise to a number of changes in the management and administrative areas of the Station. Subject's performance in this assignment under these circumstances was clearly outstanding. Her sound judgment, imagination and responsiveness to guidance not only contributed to maintaining the stability and momentum of the Station but also made possible an early effort to come to grips with many of the problems which an inflated Registry and a highly distinctive records system created for the new Station management team.</p> <p>During the ensuing six month period, Subject has recommended and implemented a number of changes which have produced a more effective and less costly records system. Paper holdings have been reduced substantially, input has been reduced and now conforms to basic CS procedures and requirements. Personnel savings have been effected and supervisory responsibilities more clearly delineated.</p> <p>To sum up, Subject has made and continues to make a major contribution in a singularly unsensational area of Station activity. Her advice is sought and appreciated not only by the COS and myself, but by other</p> <p align="right">(CONTINUED)</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE FURNISHED SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
15 January 1970	/s/ Charlotte Bustos-Videla		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
6 months			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
15 January 1970	DOOS	/s/ Paul V. Harwood	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL: It would be difficult to overstate the contribution made by Subject to this Station during the past six month period, and I concur fully in the ratings and comments of the Rating Officer. I might add that Subject is one of the more versatile, conscientious and productive employees with whom I have worked in this organization, and that in addition to the administrative/management role outlined above, continued to provide valuable operational/analytical assistance to the Cuban and other operational sections of the Station. The initiative and imagination shown by Subject in the very complicated administrative management assignment have been particularly commendable and her complete familiarity with the country, the language, and the background of the Station has been invaluable during this period of change.			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
15 January 1970	COS	/s/ James B. Noland	

**SECRET**

SECRET/RYPAT

- 2 -

SECTION C

NARRATIVE COMMENTS

CONTINUED

personnel who appreciate her personal and professional qualities.

Subject is aware that her current assignment is an unusual one and that she soon may have worked herself out of her current job. Since she speaks fluent Spanish, has a unique ability to get along with people and to get things done, there will be no problem in assigning her back into a position more closely supporting operations. Our operations are certain to benefit thereby.

SECRET/RYPAT

(When Filled In)

FIS: SS REPORT				EMPLOYEE SERIAL NUMBER	
				007667	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle) <b>BUSTOSVIDELA, Charlotte Z.</b>			2. DATE OF BIRTH <b>12 Jan 29</b>	3. SEX <b>F</b>	4. GRADE <b>13</b>
5. OFFICIAL POSITION TITLE <b>Ops Officer</b>			7. OFF/DIV. BR OF ASSIGNMENT <b>DDP/WH/FF/1</b>	8. CURRENT STATION <b>Mexico City</b>	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P. <b>October 1969</b>			12. REPORTING PERIOD (From- to) <b>March to August 1969</b>		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Until she was called to other duties in the front office of the Station, did analysis on PERUMEN targets of Station interest, collated information and prepared studies. <i>2040</i>					RATING LETTER <b>O</b>
SPECIFIC DUTY NO. 2 Screened the raw product of several technical operations and processed intelligence and operational information in close cooperation with full time senior transcribers whom she handled completely.					RATING LETTER <b>O</b>
SPECIFIC DUTY NO. 3 Handled the Station PERUMEN and program, and reported information to COMINT Stations and other customers.					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 4 Provided operational support (file checks, operational reviews, liaison memoranda, etc.) for various Station activities.					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 5 Contributed to the preparation of monthly summaries and project reporting (outlines, renewals, etc.)					RATING LETTER <b>O</b>
SPECIFIC DUTY NO. 6 Handled special projects for the Station in addition to her PERUMEN duties.					RATING LETTER <b>O</b>
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the notation. Which most accurately reflects his level of performance.					RATING LETTER <b>O</b>



SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

Subject's performance continued during the period under review to deserve high praise. Her enormous appetite for work, her attention to detail, her ability to absorb and digest enormous files and complicated cases, her professionalism and devotion to the duties entrusted to her really deserve the rating of outstanding. Subject speaks good Spanish, has considerable initiative, much experience in analytic work and a genuine talent for administrative work.

In view of her past performance, her record at the Station and her potential, Subject who was recommended for promotion to the GS-14 level should be promoted as soon as possible.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 1 August 1969	SIGNATURE OF EMPLOYEE Charlotte Z. Bustosvidela (signed)	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 1 August 1969	OFFICIAL TITLE OF SUPERVISOR Ops. Officer	TYPED OR PRINTED NAME AND SIGNATURE (signed)
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
Subject is indeed an exceptional officer who is highly deserving of the foregoing ratings and related accolades. In her new role as executive assistant to the COS she has been invaluable during the difficult and complicated transition from the old regime to the new, and the related reorganization of the Station. Her organizational abilities are unsurpassed by anyone known to the undersigned, and she certainly merits consideration for early promotion.		
DATE 1 August 1969	OFFICIAL TITLE OF REVIEWING OFFICIAL Chief of Station	TYPED OR PRINTED NAME AND SIGNATURE James B. Noland

SECRET

SECRET

Reviewed by 8P/PD/EAB

(When Filled In)

FITNESS REPORT				EMPLOYER SERIAL NUMBER	
				007667	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE
Bustos-Videla, Charlotte			12 Jan 1929	F	GS-13
5. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT	8. CURRENT STATION	
Ops Officer			DDP/WH/1	Mexico City	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN G.P.			12. REPORTING PERIOD (From - to)		
			January 1968 - March 1969		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Handles Station PBRUMEN [ ] and [ ] program and reports [ ] information to WOFIRM stations and other customers					RATING LETTER S
SPECIFIC DUTY NO. 2 Screens the raw product of several [ ] operations and processes intelligence and operational information in close cooperation with two full time senior transcribers whom she handles completely					RATING LETTER O
SPECIFIC DUTY NO. 3 Does analysis on targets of Station interest, collates information and prepares studies					RATING LETTER O
SPECIFIC DUTY NO. 4 Contributes to the preparation of monthly summaries and project reporting (outlines, renewals, etc.)					RATING LETTER O
SPECIFIC DUTY NO. 5 Provides operational support (file, checks, operational reviews, liaison memoranda, etc. for various Station activities					RATING LETTER S
SPECIFIC DUTY NO. 6					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER O

**SECRET**

(When Filled In)

**SECTION C**

**NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of major duty by supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If disposition is needed to complete Section C, attach a separate sheet of paper.

Subject's performance during the period of over one year under review continued to deserve the rating of Outstanding. Her major contributions during that period were in the fields of operational research and exploitation of information obtained through technical means. She was, during this period, given full responsibility for the handling of two full time senior transcribers including administrative matters. In view of the difficulty of recruiting target personnel the task of fully exploiting information obtained from technical sources is of great importance. Subject handled this task with her usual enormous capability for work, displaying initiative and great professionalism. She continued, in addition, to handle the other tasks listed in this report together with sensitive reporting sent by a separate channel, altogether a much heavier workload than is usually carried by one person. She was helped in this by her good knowledge of Spanish, a talent for administrative work, considerable analytic experience and great devotion to her work. Subject should be considered for promotion to the grade of GS-14 at the first opportune moment.

**SECTION D**

**CERTIFICATION AND COMMENTS**

<b>1. BY EMPLOYEE</b>		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
3 April 69	Charlotte Bustos-Videla /s/	
<b>2. BY SUPERVISOR</b>		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
19 months		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
3 April 69	Ops Officer	[ ] /s/
<b>3. BY REVIEWING OFFICIAL</b>		
COMMENTS OF REVIEWING OFFICIAL		
The reviewing officer fully agrees with the ratings and comments of the rating officer. Subject consistently performs her duties in an outstanding manner, bringing to her job truly exceptional qualities of intelligence, reliability, and good humor. She is one of the most valuable employees in the Station, and the recommendation for her promotion from GS-13 to GS-14 is fully and enthusiastically endorsed.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
3 April 69	COS,	Winston Scott /s/

**SECRET**

S-E-C-R-E-T

### TRAINING REPORT

Soviet Bloc Operations Course No. 3  
80 hours, full time

5 - 16 June 1967

Student : BUSTOS-VIDELA, Charlotte

Office : DDP/WH

Year of Birth: 1929

Service Designation: D

Grade : GS-13

No. of Students : 34

EOD Date : August, 1951

#### COURSE OBJECTIVES

To orient the student on the special nature of the Clandestine Services' Soviet Bloc target and to train him in the application of clandestine methods for collecting information on, assessing, and preparing recruitment operations against Soviet Bloc personalities.

#### ACHIEVEMENT RECORD

This is a certificate of attendance. No evaluation is made of individual performance in the course.

FOR THE DIRECTOR OF TRAINING:



Instructor, QTR

  
Date

S-E-C-R-E-T

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				007667			
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. DO	
BUSTON-Videla, Charlotte			12 Jan 1929	F	GS-13	D	
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
Ops Officer			DDP/WH/1		Mexico City		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> INITIAL				<input type="checkbox"/> REASSIGNMENT SUPERVISOR			
CAREER-PROVISIONAL (See Instructions - Section C)				XXX ANNUAL		REASSIGNMENT EMPLOYEE	
SPECIAL (Specify)				SPECIAL (Specify)			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
29 February 1968				August 1967 through January 1968			
<b>SECTION B PERFORMANCE EVALUATION</b>							
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Handles Station PBRUMEN program (maintains a [ ] screens [ ] documents and reports [ ] information to WOFIRM stations and other interested customers).						S	
SPECIFIC DUTY NO. 2						RATING LETTER	
Screens the raw product of technical operations and processes the intelligence and operational information.						O	
SPECIFIC DUTY NO. 3						RATING LETTER	
Does analysis on targets of Station interest, pulling documents together, collating information and preparing studies.						O	
Helps with the preparation of monthly summaries and project reporting (outlines, renewals etc.).						O	
SPECIFIC DUTY NO. 4						RATING LETTER	
Provides operational support (file checks, operational reviews, liaison memoranda etc.) for various Station activities.						S	
SPECIFIC DUTY NO. 5						RATING LETTER	
						O	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER	
Reviewed by CP/10/LAB						O	

SECRET

**SECRET**

(When Filled In)

<b>SECTION C</b>			<b>NARRATIVE COMMENTS</b>
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. <u>Manner of performance of major part of duty or responsibility, duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on if applicable.</u> If extra space is needed to complete Section C, attach a separate sheet of paper.</p>			
<p>Since her arrival at this Station, Subject's performance has truly been outstanding. She has, on her own initiative, reorganized many of the operational files and procedures of the PBRUMEN Section. She has made particularly useful exhaustive analyses of the documents concerning a number of Station targets not only per request of this Station but also on her own initiative. She has revamped the Section's [ ] program, curtailing the [ ] to more manageable size and expediting the reporting of [ ] information to the many customers for such information. Her thorough review of the take of several technical operations has increased their usefulness as well as emphasized their weaknesses.</p> <p>Subject's [ ] talent for administration, her initiative, sharp analytic mind and good knowledge of Spanish have greatly facilitated the operation of the PBRUMEN Section of this Station at a time of almost complete personnel change. She has not been directly involved with the actual running of operations both because she appears much better suited for the support type work intrusted to her and because she frankly would not have the time under present circumstances to do so. Subject is carrying the workload usually handled by more than one person.</p>			
<b>SECTION D</b>			
<b>CERTIFICATION AND COMMENTS</b>			
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
16 Jan. 1968	/s/ Charlotte Bustos-Vidola		
2. BY SUPERVISOR			
MONTHS EMPLOYER HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYER, GIVE EXPLANATION		
5 months			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
16 Jan. 1968	Ops Officer	[ ]	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>The Reviewing Officer fully concurs in the evaluation of Subject by the Rating Officer. Subject consistently turns in a superior performance, whatever her task, and for a Station Chief the only problem she presents is to determine where best to assign her. She is a source of strength to her Section, has the knack of making herself irreplaceable.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
17 January 1968	Chief of Station	[ ]	

**SECRET**

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER <b>007667</b>	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle) <b>Bustosvidela, C.Z.</b>			2. DATE OF BIRTH <b>Jan 1929</b>	3. SEX <b>F</b>	4. GRADE <b>GS-13</b>
5. OFFICIAL POSITION TITLE <b>Ops Officer</b>			7. OFF/DIV/BR OF ASSIGNMENT <b>DDP/WH/1</b>	8. CURRENT STATION <b>HQS</b>	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P. <b>31 Jan 67</b>			12. REPORTING PERIOD (From- to-) <b>1/66 - 12/66</b>		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<b>W - Weak</b>		Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.			
<b>A - Adequate</b>		Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.			
<b>P - Proficient</b>		Performance is more than satisfactory. Desired results are being produced in a proficient manner.			
<b>S - Strong</b>		Performance is characterized by exceptional proficiency.			
<b>O - Outstanding</b>		Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.			
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 <b>Handles all aspects of <input type="checkbox"/> FI/CE/Support projects including project actions, logistical and financial support, requirements, guidance and review.</b>					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 2 <b>Handles all matters concerning the agents belonging to these projects including field agents, Contract, Career, and Staff Agents. This includes OA/CSA's, contracts, training, travel, cover and funding.</b>					RATING LETTER <b>O</b>
SPECIFIC DUTY NO. 3 <b>Prepares, or helps prepare, miscellaneous memoranda and studies, such as monthly FI achievements, operational program, budget exercises, responses to requests on operations or background info regarding Mexico.</b>					RATING LETTER <b>O</b>
SPECIFIC DUTY NO. 4 <b>Routes correspondence, supervises tickler system, maintains project, agent, and subject 201 files.</b>					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 5 <b>Branch records officer.</b>					RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 6					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER <b>S</b>

SECRET

OFFICE OF PERSONNEL

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. <u>Manner of performance of managerial or supervisory duties must be described, if applicable.</u></p>			
<p>Subject has continued to perform during the period under review in the same highly competent manner which all who know her have come to expect of her. She continues to put forth her best efforts at all times. She is particularly to be commended for the manner in which she cheerfully accepts onerous tasks, usually with very short deadlines, and invariably comes up with a thoroughly prepared answer within the time allotted. She is efficient, she is fully knowledgeable and capable in her job, she has a friendly, warm, and pleasant personality, and is always ready to respond to her fellow workers with a helping hand. She has no supervisory responsibility per se, but is frequently called upon for guidance to new secretaries and case officers alike and is of real help in such cases. Subject is one of the strongest Headquarters case officers known to rater, and her overall performance certainly borders very closely on being evaluated Outstanding.</p>			
SECTION D CERTIFICATION AND COMMENTS			
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
50 Jan 1967	<i>[Signature]</i>		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
18			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
20 January 1967	DC/WH/1	J.H.V. Fisher <i>[Signature]</i>	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
Concur. An outstanding officer recognized as such and appreciated by all.			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
31 January 1967	C/WH/1	W.J. Kaufman <i>[Signature]</i>	

SECRET



SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				007667			
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
BUSTOSVIDELA, C. Z.			12 Jan 29	F	GS-12	D	
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
Ops Officer			DDP/WH/1		Headquarters		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY CAREER-PROVISIONAL (See instructions - Section C) SPECIAL (Specify):				<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From- to-)			
				1 January - 31 December 1965			
<b>SECTION B PERFORMANCE EVALUATION</b>							
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1 Handles all aspects of <input type="checkbox"/> FI/CE/Support projects including project actions, logistical and financial support, requirements, guidance and review.						RATING LETTER O	
SPECIFIC DUTY NO. 2 Handles all matters concerning the agents belonging to these projects including field agents, Contract, Career, and Staff Agents. This includes OA/CSA's, contracts, training, travel, cover and funding.						RATING LETTER O	
SPECIFIC DUTY NO. 3 Prepares, or helps prepare, miscellaneous memoranda and studies, such as monthly FI achievements, operational program, budget exercises, responses to requests on operations or background info regarding Mexico.						RATING LETTER S	
SPECIFIC DUTY NO. 4 Routes correspondence, supervises tickler system, maintains project, agent, and subject 201 files.						RATING LETTER S	
SPECIFIC DUTY NO. 5 Branch records officer.						RATING LETTER S	
SPECIFIC DUTY NO. 6						RATING LETTER	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER O	
25 JAN 1966							

## SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS		OFFICE OF PERSONNEL
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. <u>Manner of performance of managerial or supervisory duties must be described, if applicable.</u></p> <p style="text-align: right;">JAN 23 12 33 PM '66</p> <p>Subject continues to render a superior performance. She is efficient, thoroughly knowledgeable, rapid in her work, well organized, and greatly facilitates the smooth functioning of the office. The quality of Subject's work has been recognized fully in previous fitness reports and in previous recommendations for promotion from GS-12 to 13. This high quality of work has continued throughout the period of this fitness report and Subject continues to merit promotion.</p>				
SECTION D CERTIFICATION AND COMMENTS				
1. BY EMPLOYEE				
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT				
DATE	SIGNATURE OF EMPLOYEE			
20 Jan 1966	C. J. [Signature]			
2. BY SUPERVISOR				
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION			
Four				
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE		
20 Jan 1966	DC/WH/1	J. H. V. [Signature]		
3. BY REVIEWING OFFICIAL				
COMMENTS OF REVIEWING OFFICIAL				
<p>Reviewing Officer agrees with above report and endorses Subject's fitness for promotion.</p>				
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE		
20 Jan 1966	C/WH/1	W. J. Kaufman [Signature]		

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				007667	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE
Bustos-Videla, Charlotte W.			12 Jan 1929	F.	GS-12
5. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION
Ops Officer			DOP/MS/1		hqs.
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
31 January 1965			1 January 1964 - 31 December 1964		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
Handles all aspects of <input type="checkbox"/> FI/CE/Support projects including project actions, logistical support, requirements, guidance, reviews.					O
SPECIFIC DUTY NO. 2					RATING LETTER
Handle all matters concerning the agents belonging to these projects, including field agents, Contract, Career and Staff Agents. This includes OA/CSA's, contracts, training, PCS arrangements, cover, funding.					O
SPECIFIC DUTY NO. 3					RATING LETTER
Prepare, or help prepare, miscellaneous memoranda and studies, such as monthly FI achievements, Operational Program, responses to requests from the Senior Staffs on operations and on Mexico itself.					O
SPECIFIC DUTY NO. 4					RATING LETTER
Supervise one Intelligence Assistant in the maintenance of a desk tickler system and the agent and subject 201 files at the desk.					O
SPECIFIC DUTY NO. 5					RATING LETTER
Records Officer					S
SPECIFIC DUTY NO. 6					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER
23 MAR 1965					O

## SECRET

(When Filled In)

## SECTION C

## NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

This exceptionally competent and productive officer has continued to perform at a level well above that of the GS-13 slot she occupies. While a good deal of her tremendous effectiveness stems from experience, continuity on the job and her natural retentive memory, during the period under review she also demonstrated a flair for, and applied her talents to, the solution of relatively major and complex planning and managerial problems in the area of operational support to Mexico Station activities.

To the list of her previously abundantly acknowledged capacity for hard, effective work, talent for training on the job younger officers, diligence, and versatile ability, this rater would like to add a note of appreciation for her everpresent tactfulness and discretion. No weaknesses affecting her present assignment have been noted; she is very careful and realistic in planning for expenditure of funds.

This officer is separately being recommended for promotion to GS-13.

WH will review this fitness report with others during a special meeting scheduled periodically to consider suitable recommendation for outstanding performance.

## SECTION D

## CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 17 Feb 1965	SIGNATURE OF EMPLOYEE	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 3-17-65	OFFICIAL TITLE OF SUPERVISOR DC/WH/1	TYPED OR PRINTED NAME AND SIGNATURE Alfonso Spera
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL <i>Cox</i>		
DATE 3-17-65	OFFICIAL TITLE OF REVIEWING OFFICIAL C/WH/1	TYPED OR PRINTED NAME AND SIGNATURE W. J. Kaufman

SECRET

**SECRET**  
(When Filled In)

<b>FITNESS REPORT</b>				EMPLOYEE SERIAL NUMBER <b>007667</b>	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle) <b>BUSTOS-VIDELA, Charlotte Z.</b>			2. DATE OF BIRTH <b>12 Jan 1929</b>	3. SEX <b>F</b>	4. GRADE <b>GS-12</b>
5. OFFICIAL POSITION TITLE <b>Operations Officer</b>			7. OFF/DIV/BR OF ASSIGNMENT <b>DDP WH 3</b>	8. CURRENT STATION <b>Headquarters</b>	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P. <b>31 January 1964</b>			12. REPORTING PERIOD (From- to-) <b>1 January 1963 - 31 December 1963</b>		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					RATING LETTER
SPECIFIC DUTY NO. 1 Handle Project action, operational correspondence, support for <input type="checkbox"/> FI and OPs Support type projects, effecting proper coordination with senior staffs, other divisions, and offices.					<b>B</b>
SPECIFIC DUTY NO. 2 Handle clearance actions, contracts, and administrative matters for agents falling under these projects, and for the entire Desk in the absence of the Intell Analyst.					<b>O</b>
SPECIFIC DUTY NO. 3 Prepare miscellaneous memoranda, budgets, and reports requested by Senior Staffs and Division officers from the Mexican desk on Mexican matters in general.					<b>S</b>
SPECIFIC DUTY NO. 4 Supervise the clerical and administrative personnel on the desk (averaging 4) and in general see to the smooth functioning of the desk and the flow of paper.					<b>O</b>
SPECIFIC DUTY NO. 5 Records Officer for WH/3/M					<b>O</b>
SPECIFIC DUTY NO. 6 Assume the responsibilities of C/WH/3/M when the Chief of the desk is absent, signing dispatches and cables, coordinating, and supervising <input type="checkbox"/> Reports Officers and <input type="checkbox"/> Case Officers.					<b>P</b>
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER <b>O</b>

## SECRET

(When Filled In)

## SECTION C

## NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Subject's performance during the rating period has been marked by general excellence. As indicated in Section B her supervision and direction of the Section's work relating to intel support, administration, preparation of special reports, training personnel, etc. is uniformly outstanding. The fact that these functions are handled in addition to her duties as the desk officer for the FI and Ops Support projects, which she performs with unusual competence, serves to illustrate her value to this Section. She has an exceptional ability independently to determine proper courses of action and to initiate action to carry them out. She has a profound understanding of the area operational program and contributions to it are imaginative and constructive.

In the opinion of the rater Subject's performance compares favorably with any GS-13 desk officer within his experience and she performs occasionally at the GS-14 level. Moreover, she carries out her duties cheerfully, loyally and in close and amicable cooperation with her fellow employees at all levels.

In those aspects of her duties which involve cost e.g. the review of operational projects, she has given close attention to the budgetary matters and has frequently suggested ways in which economies in the operations might be effected.

## SECTION D

## CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SPEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 28 January 1964	SIGNATURE OF EMPLOYEE <i>Charlene J. Linnard-Pedraza</i>	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 1-28-64	OFFICIAL TITLE OF SUPERVISOR C/WH/3/Mexico	TYPED OR PRINTED NAME AND SIGNATURE <i>Bernard E. Reichhardt</i> Bernard Reichhardt
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
I concur in the high rating given this employee. She is undoubtedly the ablest employee in this branch in the performance of her particular job.		
DATE 29 Jan 1964	OFFICIAL TITLE OF REVIEWING OFFICIAL C/WH/3	TYPED OR PRINTED NAME AND SIGNATURE <i>John M. Anderson</i> John M. Anderson

SECRET

## REPORT ON FOREIGN LANGUAGE ATTITUDE AND EXPERIENCE

(Name) \_\_\_\_\_ (Office) \_\_\_\_\_ (Sex) \_\_\_\_\_ (Date of Testing) \_\_\_\_\_

The category checked below is an interpretation of the scores made by the person named above on a battery of foreign language aptitude tests. The relationships between test performance and subsequent training performance of trainees in Agency language training courses are indicated by the graphs next to the aptitude categories. The graphs to the left are for women and the graphs to the right are for men. From these graphs you can read for each aptitude category the probability that a person in that category will perform in an Agency foreign language training course at an average or better-than-average level. For example, 22 per cent of the women who obtain an aptitude rating of "B" can be expected to be average or better in course performance, while 5 per cent of the men with ratings of "B" can be expected to be average or better in course performance. A man needs an aptitude rating of "C" to have about the same expectation of success in language training as a woman with a rating of "B". At the other end of the scale, 80 per cent of either men or women who obtain aptitude ratings of "2" can be expected to do average or better-than-average work in training. The differences in relationship are due to differences between men and women in both training performance and test scores. On the average women are somewhat higher on both.

Percent of Women Whose Language Training Performance Is Expected to Be Average or Better than Average

100 80 60 40 20 0

Aptitude Category

Percent of Men Whose Language Training Performance Is Expected to Be Average or Better than Average

0 20 40 60 80 100

88%

1. ☐

21%

80%

2. ☐

65%

72%

3. ☐

68%

53%

4. ☐

52%

53%

5. ☒

37%

13%

6. ☐

23%

11%

7. ☐

13%

12%

8. ☐

5%

Since many things other than aptitudes enter into the determination of training course performance, in any class of students there will usually be some whose performance will be better than would be expected from their test scores, just as there will likely be some whose performance is poorer than expected. STRENGTH OF MOTIVATION, PRIOR EXPERIENCE WITH A FOREIGN LANGUAGE, and other factors should be considered in selecting people for language training and in interpreting language training results. For example, the number of languages previously studied or learned and the amount of academic and non-academic language-learning experience are factors not measured by the tests but are indicative of probable success in learning a foreign language. Whether such experience was in the same language as the one to be studied or in a different one is, of course, an additional relevant factor.

3 Foreign languages have been studied or learned by this individual.

Months of Academic Training  
High School College Other

15

54

22

Non-academic Experience (1 year or more)  
Reading or Writing Speaking

20

20

This report may be shown to the individual concerned.

M. EDWARD A. RYANQUIST

SECRET

TRAINING REPORT

RECORDS OFFICERS COURSE

30 April - 4 May 1962

Student : Charlotte Z. Bustos-Vidal Office : WH/3  
Year of Birth: 1929 Service Designation: D  
Grade : GS-12 Number of Students : 34  
EOD Date : Aug 1951

COURSE OBJECTIVES - CONTENT AND METHODS

This course, designed for present and prospective Records Officers, has four principal objectives.

1. To give an appreciation for the Agency's CS mission.
2. To describe the role that records play in the discharge by the Agency of the responsibilities inherent in the mission.
3. To emphasize the importance of records and proper records management in the successful performance of the stated mission.
4. To increase awareness of the inter-relationships between the CS mission and records; to sharpen judgement in the handling and disposition of records; and to improve performance of Records Officers.

The student is instructed through the media of lectures, directed reading, practical exercises and discussions.

ACHIEVEMENT RECORD

This is a certificate of attendance only; no attempt was made to evaluate student achievement in the course.

FOR THE DIRECTOR OF TRAINING:

[Signature Box]

Chief Instructor

24 July 1962  
Date

SECRET



**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER <span style="font-size: 1.2em;">107667</span>	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle) <b>Bustos-Videla, Charlotte</b>			2. DATE OF BIRTH <b>12 Jan 29</b>	3. SEX <b>F</b>	4. GRADE <b>GS-12</b>
5. OFFICIAL POSITION TITLE <b>OPS OFFICER</b>			6. CURRENT STATION <b>DDP WH 3</b>		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P. <b>31 January 1963</b>			12. REPORTING PERIOD (From - to) <b>1 Jan - 30 Dec 62</b>		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					RATING LETTER
SPECIFIC DUTY NO. 1 Supervises office staff of Mexico Desk in preparing correspondence, keeping files, carding, and training new personnel.					O
SPECIFIC DUTY NO. 2 Desk Intelligence officer for important [ ] and FI operations in Mexico, processing projects, handling operational correspondence, conducting liaison with other divisions.					S
SPECIFIC DUTY NO. 3 Routing cables, dispatches for the entire Desk, supervising distribution of work.					O
SPECIFIC DUTY NO. 4 Personally handling large number of clearances, project approvals, cable coordinations, and official negotiations on matters touching all aspects of the Desk's work.					O
SPECIFIC DUTY NO. 5 Preparation of budget, special papers, surveys, and briefings.					O
SPECIFIC DUTY NO. 6					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					RATING LETTER
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					O

## SECRET

(When Filled In)

## SECTION C

## NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

This officer is the person chiefly responsible for the Mexico Desk's deserved reputation for excellence and efficiency. The complicated and never-ending tasks of project processing, clearances, tracing, and coordination are handled by her with blinding speed and unerring perfection. Procedural problems are there to be solved, and the solutions come with amazing rapidity. Operational problems are worked out thoroughly and conscientiously. No corners are cut and no principles are compromised.

Never at a loss for an answer, this officer never shrinks from any assignment and instinctively wants to take over any vexing problem which is holding up progress. She is complete mistress of file and record resources and answers all queries within minutes. The most complex budgetary and planning projects are handled by her with deceptive ease.

These qualities of rare efficiency and speed are coupled with an even rarer degree of amiability and cooperativeness. The work which proceeds under her at such a break-neck pace nonetheless goes on in an air of placidity and good humor. The large office staff is run without a trace of tension, jealousy, or friction. All of this is traceable to this officer's fine example and catalytic effect on her colleagues.

Finely-educated, handling the Spanish language with fluency, and keeping up with current events in her area, this officer is a unique asset to our organization.

## SECTION D

## CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

26 February 1963

SIGNATURE OF EMPLOYEE

*Charles J. ...*

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

26 February 1963

OFFICIAL TITLE OF SUPERVISOR

e/WH/3/MEXICO

TYPED OR PRINTED NAME AND SIGNATURE

John M. Whitten

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

DATE

26 February 1963

OFFICIAL TITLE OF REVIEWING OFFICIAL

AC/WH/3

TYPED OR PRINTED NAME AND SIGNATURE

Forrest Shivers

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE'S SERIAL NUMBER R000-000-000 CSFD 0076-7		
<b>SECTION A GENERAL</b>						
1. NAME (Last) (First) (Middle) <b>BUSTOS-VIDELA Charlotte Z</b>			2. DATE OF BIRTH <b>12 January 1929</b>		3. SEX <b>Female</b>	
4. SERVICE DESIGNATION <b>D</b>			5. OFFICIAL POSITION TITLE <b>Operations Officer</b>		6. OFF/DIV/BR OF ASSIGNMENT <b>DDP/MA/3/D. C.</b>	
7. CAREER STAFF STATUS			8. TYPE OF REPORT			
<input type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED <input type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED			<input checked="" type="checkbox"/> INITIAL <input checked="" type="checkbox"/> REASSIGNMENT/SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/EMPLOYEE			
9. DATE REPORT DUE IN O.P. <b>31 January 1962</b>		10. REPORTING PERIOD From <b>1 Jan 61</b> - To <b>31 Dec 61</b>		11. SPECIAL (Specify)		
<b>SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES</b>						
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).						
<div style="display: flex; justify-content: space-between;"> <span>1 - Unsatisfactory</span> <span>2 - Barely adequate</span> <span>3 - Acceptable</span> <span>4 - Competent</span> <span>5 - Excellent</span> <span>6 - Superior</span> <span>7 - Outstanding</span> </div>						
SPECIFIC DUTY NO. 1 Responsible for Project renewals and other correspondence and action on <input type="checkbox"/> support type projects for Mexico City and Monterrey		RATING NO. <b>7</b>		SPECIFIC DUTY NO. 4 Assist the Chief of the desk in administration of office to assure the smooth functioning of the desk. Includes distribution of work.		
SPECIFIC DUTY NO. 2 Handle miscellaneous administrative and support matters (requests for technical equip, studies, training guides, etc) for Mexico and Monterrey		RATING NO. <b>7</b>		SPECIFIC DUTY NO. 5 routing of pouches and cables, supervision of clerical staff of 4.		
SPECIFIC DUTY NO. 3 Supervise maintenance of records at the desk and represent Desk as Records Officer in discussions with 200 on his and field records problems		RATING NO. <b>6</b>		SPECIFIC DUTY NO. 6		
<b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>						
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.						
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. <b>6</b>	
<b>SECTION D DESCRIPTION OF THE EMPLOYEE</b>						
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee						
<div style="display: flex; justify-content: space-between;"> <span>1 - Least possible degree</span> <span>2 - Limited degree</span> <span>3 - Normal degree</span> <span>4 - Above average degree</span> <span>5 - Outstanding degree</span> </div>						
CHARACTERISTICS		NOT APPLICABLE	NOT OBSERVED	RATING		
				1	2	3
GETS THINGS DONE						X
RESOURCEFUL						X
ACCEPTS RESPONSIBILITIES						X
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES						X
DOES HIS JOB WITHOUT STRONG SUPPORT						X
FACILITATES SMOOTH OPERATION OF HIS OFFICE						X
WRITES EFFECTIVELY					X	
SECURITY CONSCIOUS						
THINKS CLEARLY						
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS						
OTHER (Specify):						

SEE SECTION "E" ON REVERSE SIDE

## SECRET

(When Filled In)

## SECTION E

## NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the basis for determining future personnel actions.

Feb 12 11 43 AM '62

This outstanding employee has maintained the high standard of performance set forth in the report of this supervisor. Where possible, she has exceeded her earlier performance record. During the past year this office acquired considerable new personnel, which Subject trained in a highly capable manner to guarantee the smooth-functioning of the office. The undersigned hopes this employee will continue to serve this organization indefinitely notwithstanding her marriage during the past year.

## SECTION F

## CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE

23 January 1962

SIGNATURE OF EMPLOYEE

Charlotte J. Benton-Vedica

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

24

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE

23 January 1962

OFFICIAL TITLE OF SUPERVISOR

Chief of Desk

TYPED OR PRINTED NAME AND SIGNATURE

John G. Hays

John G. Hays

3.

BY REVIEWING OFFICIAL

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE

6 Feb 1962

OFFICIAL TITLE OF REVIEWING OFFICIAL

CH-112

TYPED OR PRINTED NAME AND SIGNATURE

Fred F. Holman

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER							
<b>SECTION A GENERAL</b>											
1. NAME (Last) (First) (Middle) <b>Zehring Charlotte</b>		2. DATE OF BIRTH <b>12 Jan. 1929</b>		3. SEX <b>Female</b>	4. GRADE <b>GS-12</b>						
5. SERVICE DESIGNATION <b>DI</b>		6. OFFICIAL POSITION TITLE <b>Ops Officer</b>		7. OFF/DIV/BR OF ASSIGNMENT <b>DDP/AH/3/Next/DC</b>							
8. CAREER STAFF STATUS			9. TYPE OF REPORT								
<input type="checkbox"/> NOT ELIGIBLE <input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED <input type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/EMPLOYEE								
10. DATE REPORT DUE IN O.P. <b>31 January 1961</b>		11. REPORTING PERIOD From <b>30 Sep 59</b> - To <b>31 Dec 60</b>									
<b>SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES</b>											
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).											
1 - Unsatisfactory    2 - Barely adequate    3 - Acceptable    4 - Competent    5 - Excellent    6 - Superior    7 - Outstanding											
SPECIFIC DUTY NO. 1 Responsible for Project renewals and other correspondence and action on <input type="checkbox"/> support type projects for Mexico City and Monterrey		RATING NO. <b>7</b>	SPECIFIC DUTY NO. 2 Assist the Chief of the Desk in administration of office to assure the smooth functioning of the desk. Includes distribution of work, routing, <del>control</del> of pouches and cables, supervision of clerical staff of 4.		RATING NO. <b>6</b>						
SPECIFIC DUTY NO. 3 Handle miscellaneous administrative and support matters (requests for tech equip, studies, training guides, etc) for Mexico and Monterrey		RATING NO. <b>7</b>	SPECIFIC DUTY NO. 4		RATING NO.						
SPECIFIC DUTY NO. 5 Supervise maintenance of records at the desk and represent Desk as Records Officer in discussions with RPD on Rqs and field records problems.		RATING NO. <b>6</b>	SPECIFIC DUTY NO. 6		RATING NO.						
<b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>											
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.											
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. <b>6</b>						
<b>SECTION D DESCRIPTION OF THE EMPLOYEE</b>											
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee											
1 - Least possible degree		2 - Limited degree		3 - Normal degree		4 - Above average degree		5 - Outstanding degree			
CHARACTERISTICS					NOT APPLICABLE	NOT OBSERVED	RATING				
							1	2	3	4	5
GETS THINGS DONE											X
RESOURCEFUL											X
ACCEPTS RESPONSIBILITIES											X
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES											X
DOES HIS JOB WITHOUT STRONG SUPPORT											X
FACILITATES SMOOTH OPERATION OF HIS OFFICE											X
WRITES EFFECTIVELY										X	
SECURITY CONSCIOUS											X
THINKS CLEARLY											X
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS											X
OTHER (Specify):											

SEE SECTION "E" ON REVERSE SIDE

SECRET

OFFICE OF PERSONNEL

(When Filled In)

## SECTION E

## NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

## MAIL ROOM

This is a truly outstanding employee with capabilities far beyond those required for her present position. She has an unusually keen mind, makes decisions that are correct without hesitation and carries out all actions promptly and efficiently. She is the supervisor of the office staff, who respect and admire her ability. In addition to her skill, she is possessed of a most pleasing disposition which ingratiate her with the other members of the staff. The years of experience she has had at the various jobs to be done at a country desk make her invaluable as a trainer and supervisor for new personnel. Her knowledge of Spanish has also been especially helpful at the Mexican Desk. This supervisor would be most pleased to have her serve with him on any future assignment.

## SECTION F

## CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I certify that I have seen Sections A, B, C, D and E of this Report.		
DATE	SIGNATURE OF EMPLOYEE	
31 December 1960	<i>[Signature]</i>	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
12		
IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.		
EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS	REPORT MADE WITHIN LAST 90 DAYS	
OTHER (Specify):		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
31 December 1960	Desk Chief, WH/3/Mexico	John G. Hoyn <i>[Signature]</i>
3. BY REVIEWING OFFICIAL		
<input checked="" type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.		
<input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.		
<input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.		
<input type="checkbox"/> I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.		
COMMENTS OF REVIEWING OFFICIAL		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
5 Jan 1961	Chief WH/3	Paul A. Helina <i>[Signature]</i>

SECRET

**SECRET**  
(When Filled In)

341556  
new  
good

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle) <b>ZEHURNO, Charlotte</b>			2. DATE OF BIRTH <b>12 Jan. 1929</b>		3. SEX <b>Female</b>
4. GRADE <b>GS-11</b>			5. OFF/DIV/OR OF ASSIGNMENT <b>DDP/MH/III/Maxi/DC</b>		
6. SERVICE DESIGNATION 6. OFFICIAL POSITION TITLE <b>DI I.O. (FI)</b>					
7. CAREER STAFF STATUS			8. TYPE OF REPORT		
<input type="checkbox"/> NOT ELIGIBLE <input checked="" type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED <input type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/EMPLOYEE		
9. DATE REPORT DUE IN O.P. <b>31 October 1959</b>		10. REPORTING PERIOD From <b>31 May 59</b> To <b>30 Sep 59</b>			
<b>SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
<div style="display: flex; justify-content: space-between; font-size: small;"> <span>1 - Unsatisfactory</span> <span>2 - Barely adequate</span> <span>3 - Acceptable</span> <span>4 - Competent</span> <span>5 - Excellent</span> <span>6 - Superior</span> <span>7 - Outstanding</span> </div>					
SPECIFIC DUTY NO. 1 Responsible Case Officer for several FI and CE/CI Projects		RATING NO. <b>5/6</b>		SPECIFIC DUTY NO. 4 Consults and coordinates with various agencies re: intelligence Station's projects and information	
SPECIFIC DUTY NO. 2 Handles large volume of correspondence with Station in support of Operations		RATING NO. <b>6/7</b>		SPECIFIC DUTY NO. 5 Prep res, reviews and coordinates memoranda	
SPECIFIC DUTY NO. 3 Supervises maintenance of desk records and project files		RATING NO. <b>6/7</b>		SPECIFIC DUTY NO. 6 	
<b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.					
1. Performance in many important respects fails to meet requirements. 2. Performance meets most requirements but is deficient in one or more important respects. 3. Performance clearly meets basic requirements. 4. Performance clearly exceeds basic requirements. 5. Performance in every important respect is superior. 6. Performance in every respect is outstanding.					RATING NO. <b>5/6</b>
<b>SECTION D DESCRIPTION OF THE EMPLOYEE</b>					
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee					
<div style="display: flex; justify-content: space-between; font-size: small;"> <span>1 - Least possible degree</span> <span>2 - Limited degree</span> <span>3 - Normal degree</span> <span>4 - Above average degree</span> <span>5 - Outstanding degree</span> </div>					
CHARACTERISTICS		NOT APPLICABLE	NOT OBSERVED	RATING	
				1	2
				3	4
				5	
GETS THINGS DONE					5
RESOURCEFUL					5
ACCEPTS RESPONSIBILITIES					5
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES					5
DOES HIS JOB WITHOUT EXCESSIVE SUPPORT					5
FACILITATES SMOOTH OPERATION OF HIS OFFICE					5
WRITES EFFECTIVELY					5
SECURITY CONSCIOUS					5
THINKS CLEARLY					5
DISCIPLINED IN BRIGADING, MAINTAINING AND IMPROVING OF RECORDS					5
OTHER (Specify):					

SECRET

OFFICE

## SECTION E

## NARRATIVE DESCRIPTION OF MAJOR OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

MAIL ROOM

Please see previous fitness report. This employee was rated four months ago. There is no change in the rating; she has continued to give an outstanding performance.

## SECTION F

## CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE

2 Oct 59

SIGNATURE OF EMPLOYEE

[Signature]

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

26 months

IF THIS REPORT HAS NOT BEEN GIVEN TO EMPLOYEE, GIVE EXPLANATION

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify)

DATE

17 Oct 1959

OFFICIAL TITLE OF SUPERVISOR

C/M/III/Mexico

TYPED OR PRINTED NAME AND SIGNATURE

JOHN E. BERRY

3.

BY REVIEWING OFFICIAL

I COULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

C/M/III

TYPED OR PRINTED NAME AND SIGNATURE

Robert H. Dole

Robert H. Dole, Ten

SECRET



**SECRET**  
(When Filled In)

12 JUL 1959

## FITNESS REPORT

EMPLOYEE SERIAL NUMBER

### SECTION A

### GENERAL

1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. GRADE
ZEHRUNG, Charlotte L.		12 Jan 1929	F	11
5. SERVICE DESIGNATION	6. OFFICIAL POSITION TITLE	7. OFF/DIV/BR OF ASSIGNMENT		
DI	I.O. (PI)	DDP/WH/III/Mexico/DC		
8. CAREER STAFF STATUS		9. TYPE OF REPORT		
NOT ELIGIBLE	<input checked="" type="checkbox"/> MEMBER	DEFERRED	INITIAL	REASSIGNMENT/SUPERVISOR
PENDING	DECLINED	DENIED	<input checked="" type="checkbox"/> ANNUAL	REASSIGNMENT/EMPLOYEE
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD		
28 August 1958		From 28 August 1957 To 31 May 59		

### SECTION B

### EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employee supervised).

1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding
SPECIFIC DUTY NO. 1 Responsible Case Officer for several FI and CE/CI Projects			RATING NO. 5/6	SPECIFIC DUTY NO. 4 Consults and coordinates with various Hqs components regarding Station's Projects and Operations		RATING NO. 6
SPECIFIC DUTY NO. 2 Handles large volume of correspondence with Station in support of Operations			RATING NO. 6/7	SPECIFIC DUTY NO. 5 Prepares, reviews and coordinates memoranda		RATING NO. 6
SPECIFIC DUTY NO. 3 Supervises maintenance of desk records and project files			RATING NO. 6/7	SPECIFIC DUTY NO. 6		RATING NO.

### SECTION C

### EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.

- 1 - Performance in many important respects falls to meet requirements.
- 2 - Performance meets most requirements but is deficient in one or more important respects.
- 3 - Performance clearly meets basic requirements.
- 4 - Performance clearly exceeds basic requirements.
- 5 - Performance in every important respect is superior.
- 6 - Performance in every respect is outstanding.

RATING NO.  
5/6

### SECTION D

### DESCRIPTION OF THE EMPLOYEE

In the rating boxes below, check (X) the degree to which each characteristic applies to the employee

1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree
CHARACTERISTICS				
GETS THINGS DONE				
RESOURCEFUL				
ACCEPTS RESPONSIBILITIES				
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES				
DOES HIS JOB WITHOUT STRONG SUPPORT				
FACILITATES SMOOTH OPERATION OF HIS OFFICE				
WRITES EFFECTIVELY				
SECURITY CONSCIOUS				
THINKS CLEARLY				
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS				
OTHER (Specify):				

SEE SECTION "E" ON REVERSE SIDE

**SECRET**

(When Filled In)

**SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

JUL 21 2 51 PM '59

This employee is intelligent, loyal and dedicated to duty. She has an outstanding ability in getting her job assignments accomplished effectively and with a minimum of time and support. She readily accepts responsibility, is a highly efficient worker who thinks clearly and logically. Her knowledge of Headquarters and Field procedures plus her ability to organize her work greatly facilitates the smooth functioning of the Mexican Desk. She has demonstrated a superior comprehension of the numerous and varied projects of the Mexico City Station which has contributed to the overall Headquarters support of the Station's operations. Because of her sound understanding of operations and her outstanding capacity for work, Miss Zehrung has an excellent potential for assuming greater responsibilities. Additional training is dependent upon her future assignments.

**SECTION F CERTIFICATION AND COMMENTS**

**1. BY EMPLOYEE**

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE *11 June 1959* SIGNATURE OF EMPLOYEE *[Signature]*

**2. BY SUPERVISOR**

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION *22 months* IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS REPORT MADE WITHIN LAST 90 DAYS  
OTHER (Specify):

DATE *11 June 1959* OFFICIAL TITLE OF SUPERVISOR *C/WH/III/Mexico* TYPED OR PRINTED NAME AND SIGNATURE *John T. Brady*

**3. BY REVIEWING OFFICIAL**

☒ I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.  
☐ I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.  
☐ I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.  
☐ I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE *11 July 1959* OFFICIAL TITLE OF REVIEWING OFFICIAL *C/WH/III* TYPED OR PRINTED NAME AND SIGNATURE *John T. Brady*

**SECRET**

SECRET

(When Filled In)

## FITNESS REPORT (Part I) PERFORMANCE

## INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item 8, of Section "A" below.

## SECTION A.

## GENERAL

1. NAME (Last) (First) (Middle) <b>ZEHRLING, Charlotte L.</b>	2. DATE OF BIRTH <b>12 Jan 1929</b>	3. SEX <b>F</b>	4. SERVICE DESIGNATION <b>DI</b>
5. OFFICE/DIVISION BRANCH OF ASSIGNMENT <b>DDP/WH/II/DC/Argentina/MEXICO</b>		6. OFFICIAL POSITION TITLE <b>Reports Officer</b>	
7. GRADE <b>GS-11</b>	8. DATE REPORT DUE IN OR <b>4 Nov 1957</b>	9. PERIOD COVERED BY THIS REPORT (Inclusive dates) <b>28 August 1956 - 27 August 1957</b>	
10. TYPE OF REPORT (Check one)	11. SPECIAL (Specify)		
<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT-SUPERVISOR <input type="checkbox"/> REASSIGNMENT-EMPLOYEE		

## SECTION B.

## CERTIFICATION

1. FOR THE RATER: THIS REPORT ☒ HAS ☐ HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT:

## A. CHECK (X) APPROPRIATE STATEMENTS:

<input type="checkbox"/> THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.	IF INDIVIDUAL IS RATED "I" IN C1 OR D, A WARNING LETTER HAS SENT TO HIM A COPY ATTACHED TO THIS REPORT.
<input checked="" type="checkbox"/> THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.	I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW I EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify):
<input type="checkbox"/> I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.	

2. THIS DATE <b>20 January 1958</b>	3. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR <b>John B. Brady</b>	4. SUPERVISOR'S OFFICIAL TITLE <b>C/WH/III/Mexico</b>
--	--	--

5. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

BY <b>16</b>	DATE <b>21 JAN 1958</b>
RECEIVED <b>21 JAN 1958</b>	

☐ CONTINUED ON ATTACHED SHEET

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.

6. THIS DATE <b>21 January 1958</b>	7. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL <b>R. N. Dahlgren</b>	8. OFFICIAL TITLE OF REVIEWING OFFICIAL <b>C/WH/III</b>
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## SECTION C. JOB PERFORMANCE EVALUATION

## 1. RATING ON GENERAL PERFORMANCE OF DUTIES

DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

2. DOES NOT PERFORM DUTIES ADEQUATELY. HE IS INCOMPETENT.
3. BARELY ADEQUATE IN PERFORMANCE: ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES.
4. PERFORMS MOST OF HIS DUTIES ACCEPTABLY. OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.
5. PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.
6. A FINE PERFORMANCE. CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.
7. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.

COMMENTS:

**SECRET**  
(When Filled In)

C. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES																											
<p><b>DIRECTIONS</b></p> <p>a. State in the spaces below up to six of the more important SPECIFIC duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties.</p> <p>b. Rate performance on each specific duty considering ONLY effectiveness in performance of this specific duty.</p> <p>c. For supervisors, ability to supervise will always be rated as a specific duty (do not rate as supervisors those who supervise a secretary only).</p> <p>d. Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.</p> <p>e. Two individuals with the same job title may be performing different duties. If so, rate them on different duties.</p> <p>f. Be specific. Examples of the kind of duties that might be rated are:</p> <table style="width:100%; font-size: small;"> <tr> <td>ORAL BRIEFING</td> <td>HAS AND USES AREA KNOWLEDGE</td> <td>CONDUCTS INTERROGATIONS</td> </tr> <tr> <td>GIVING LECTURES</td> <td>DEVELOPS NEW PROGRAMS</td> <td>PREPARES SUMMARIES</td> </tr> <tr> <td>CONDUCTING SEMINARS</td> <td>ANALYZES INDUSTRIAL REPORTS</td> <td>TRANSLATES GERMAN</td> </tr> <tr> <td>WRITING TECHNICAL REPORTS</td> <td>MANAGES FILES</td> <td>DEBRIEFING SOURCES</td> </tr> <tr> <td>CONDUCTING EXTERNAL LIAISON</td> <td>OPERATES RADIO</td> <td>KEEPS BOOKS</td> </tr> <tr> <td>TYPING</td> <td>COORDINATES WITH OTHER OFFICES</td> <td>DRIVES TRUCK</td> </tr> <tr> <td>TAKING DICTATION</td> <td>WRITES REGULATIONS</td> <td>MAINTAINS AIR CONDITIONING</td> </tr> <tr> <td>SUPERVISING</td> <td>PREPARES CORRESPONDENCE</td> <td>EVALUATES SIGNIFICANCE OF DATA</td> </tr> </table> <p>g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.</p>				ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE	CONDUCTS INTERROGATIONS	GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES SUMMARIES	CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS	TRANSLATES GERMAN	WRITING TECHNICAL REPORTS	MANAGES FILES	DEBRIEFING SOURCES	CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	KEEPS BOOKS	TYPING	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK	TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING	SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA
ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE	CONDUCTS INTERROGATIONS																									
GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES SUMMARIES																									
CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS	TRANSLATES GERMAN																									
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CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	KEEPS BOOKS																									
TYPING	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK																									
TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING																									
SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA																									
<p><b>DESCRIPTIVE RATING NUMBER</b></p>	<p>1. INCOMPETENT IN THE PERFORMANCE OF THIS DUTY</p> <p>2. BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY</p> <p>3. PERFORMS THIS DUTY ACCEPTABLY</p> <p>4. PERFORMS THIS DUTY IN A COMPETENT MANNER</p> <p>5. PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB</p>	<p>6. PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS</p> <p>7. EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY</p>																									
<p>SPECIFIC DUTY NO. 1 Supervises maintenance of desk records and project files.</p>	<p>RATING NUMBER <b>7</b></p>	<p>SPECIFIC DUTY NO. 4 Extracts pertinent information from reports and statistics for the preparation of studies.</p>	<p>RATING NUMBER <b>6</b></p>																								
<p>SPECIFIC DUTY NO. 2 Reviews and coordinates memoranda</p>	<p>RATING NUMBER <b>6</b></p>	<p>SPECIFIC DUTY NO. 5 Prepares cables and dispatches for the field</p>	<p>RATING NUMBER <b>6</b></p>																								
<p>SPECIFIC DUTY NO. 3 Processes for dissemination reports from field stations</p>	<p>RATING NUMBER <b>5</b></p>	<p>SPECIFIC DUTY NO. 6 Supervises maintenance of country desk files</p>	<p>RATING NUMBER <b>6</b></p>																								
<p><b>3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE</b></p> <p><b>DIRECTIONS:</b> Stress strengths and weaknesses, particularly those which affect development on present job.</p> <p>This employee is a highly efficient worker who in accomplishing her job assignments has performed in a very outstanding manner. She has the ability to think clearly and logically and at all times exercises extreme good judgment. Her knowledge of this and field procedures constitutes a great asset and she has the facility for picking up loose ends and keeping an office smoothly running. She is willing to undertake any assignment that facilitates getting the job done and is entirely capable of seeing that the job is properly done. Her contribution to the job reflects conscientiousness, loyalty and devotion to duty far above the average.</p>																											
<p align="center"><b>SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION</b></p> <p><b>DIRECTIONS:</b> Take into account here everything you know about the individual...productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents...and how he fits in with your team. Compare him with others doing similar work of about the same level.</p> <table style="width:100%; font-size: small;"> <tr> <td>1. DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED</td> <td>2. OF DOUBTFUL SUITABILITY - WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW</td> </tr> <tr> <td>3. A BARELY ACCEPTABLE EMPLOYEE...BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION</td> <td>4. OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION</td> </tr> <tr> <td>5. A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS</td> <td>6. AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION</td> </tr> <tr> <td>7. EQUALLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION</td> <td></td> </tr> </table> <p>IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, EXPLAIN FULLY</p>				1. DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED	2. OF DOUBTFUL SUITABILITY - WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW	3. A BARELY ACCEPTABLE EMPLOYEE...BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION	4. OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION	5. A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS	6. AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION	7. EQUALLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION																	
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5. A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS	6. AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION																										
7. EQUALLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION																											

**SECRET**

SECRET

(When Filled In)

## FITNESS REPORT (Part II) POTENTIAL

## INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision FOR AT LEAST 90 DAYS. If less than 90 days, hold and complete after the 90 days has elapsed. If this is the INITIAL REVIEW on the employee, however, it MUST be completed and forwarded to the O' no later than 30 days after the due date indicated in item 8 of Section "F" below.

## SECTION E.

## GENERAL

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. SERVICE DESIGNATION
ZEHRUNG, Charlotte	12 Jan 1929	F	DI
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT	6. OFFICIAL POSITION TITLE		
DDP/WH/II/DC/Argentina/MEXICO	Reports Officer		
7. GRADE	8. DATE REPORT DUE IN OF	9. PERIOD COVERED BY THIS REPORT (Inclusive dates)	
GS-11	4 Nov 1957	28 August 1956 - 27 August 1957	
10. TYPE OF REPORT (Check one)	SPECIAL (Specify)		
<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT-SUPERVISOR <input type="checkbox"/> REASSIGNMENT-EMPLOYEE		

## SECTION F.

## CERTIFICATION

1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED		
A. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR	C. SUPERVISOR'S OFFICIAL TITLE
20 January 1958	John B. Brady <i>John B. Brady</i>	C/WH/III/Mexico
2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO.		
A. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL	C. OFFICIAL TITLE OF REVIEWING OFFICIAL
21 January 1958	R. N. Dahlgren <i>R. N. Dahlgren</i>	C/WH/III

## SECTION G.

## ESTIMATE OF POTENTIAL

## 1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES

DIRECTIONS: Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work.

6 RATING NUMBER	1 - ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
	2 - HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
	3 - MAKING PROGRESS BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES
	4 - READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES
	5 - WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBLE DUTIES WITHOUT FURTHER TRAINING
	6 - ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL
	7 - AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES

## 2. SUPERVISORY POTENTIAL

DIRECTIONS: Answer this question: Has this person the ability to be a supervisor? ☐ Yes ☐ No If your answer is YES, indicate below your opinion or guess of the level of supervisory ability this person will reach AFTER SUITABLE TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column.

DESCRIPTIVE RATING NUMBER	0 - HAVE NO OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION	1 - BELIEVE INDIVIDUAL WOULD BE A WEAK SUPERVISOR IN THIS KIND OF SITUATION	2 - BELIEVE INDIVIDUAL WOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION	3 - BELIEVE INDIVIDUAL WOULD BE A STRONG SUPERVISOR IN THIS SITUATION
ACTUAL	POTENTIAL	DESCRIPTIVE SITUATION		
3		A GROUP DOING THE BASIC JOB (First line supervisors, technicians or professional specialists of various kinds) where contact with immediate subordinates is frequent (First line supervisor)		
3		A GROUP OF SUPERVISORS WHO DIRECT THE BASIC JOB (Second line supervisors)		
	2	A GROUP, WHO MAY OR MAY NOT BE SUPERVISORS, WHICH IS RESPONSIBLE FOR MAJOR PLANS, ORGANIZATION AND POLICY (Executive level)		
	3	WHEN CONTACT WITH IMMEDIATE SUBORDINATES IS NOT FREQUENT		
	2	WHEN IMMEDIATE SUBORDINATES' ACTIVITIES ARE DIVERSE AND NEED CAREFUL COORDINATION		
3		WHEN IMMEDIATE SUBORDINATES INCLUDE MEMBERS OF THE OPPOSITE SEX		
		Please (Specify)		

**SECRET**  
(When Filled In)

**OFFICE OF PERSONNEL**

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION

7 months

JAN 24 2 09 PM '58

4. COMMENTS CONCERNING POTENTIAL

Her potential has a wide range. She has the ability to organize and direct a sizeable office of reports writers and to supervise the administrative operations for a large office. She has a distinct aptitude for operations and her potential in the field of operational support work as well as in the direct handling of operations is a good one.

**SECTION II.**

**FUTURE PLANS**

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

None recommended at this time.

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS

**SECTION I.**

**DESCRIPTION OF INDIVIDUAL**

**DIRECTIONS:** This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in some degree to most people. To the left of each statement is a box under the heading "category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.

X - HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL

**CATEGORY NUMBER**

1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE  
2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE  
3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE  
4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE  
5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

CATEGORY	STATEMENT	CATEGORY	STATEMENT	CATEGORY	STATEMENT
5	1. ABLE TO SEE ANOTHER'S POINT OF VIEW	4	11. HAS HIGH STANDARDS OF ACCOMPLISHMENT	4	21. IS EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES
5	2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES	3	12. SHOWS ORIGINALITY	4	22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS
5	3. HAS INITIATIVE	5	13. ACCEPTS RESPONSIBILITIES	4	23. IS THOUGHTFUL OF OTHERS
5	4. IS ANALYTIC IN HIS THINKING	4	14. ADMITS HIS ERRORS	5	24. WORKS WELL UNDER PRESSURE
4	5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS	4	15. RESPONDS WELL TO SUPERVISION	5	25. DISPLAYS JUDGEMENT
4	6. KNOWS WHEN TO SEEK ASSISTANCE	5	16. DOES HIS JOB WITHOUT STRONG SUPPORT	5	26. IS SECURITY CONSCIOUS
4	7. CAN GET ALONG WITH PEOPLE	4	17. COMES UP WITH SOLUTIONS TO PROBLEMS	5	27. IS VERSATILE
4	8. HAS MEMORY FOR FACTS	4	18. IS OBSERVANT	4	28. HIS CRITICISM IS CONSTRUCTIVE
5	9. GETS THINGS DONE	5	19. THINKS CLEARLY	5	29. FACILITATES SMOOTH OPERATION OF HIS OFFICE
5	10. CAN Cope WITH EMERGENCIES	5	20. COMPLETES ASSIGNMENTS WITHIN ALLOWED TIME LIMITS	5	30. DOES NOT RESIST STRONG AND DETERMINED SUPERVISION

**SECRET**

CONFIDENTIAL  
(When filled in)

NOTE TO PCS RETURNEES

Personnel processing in from a PCS foreign field assignment through Central Processing Branch are required to review the Employee Conduct Handbook and the information for PCS returnees. This information is contained in a notebook provided by the CPB receptionist.

MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents of Handbook 20-4, Employee Conduct, dated 9 July 1970 and the information for returnees dated 1 February 1972.

CHARLOTTE E. RUSTENVIDELA

NAME  
(Please Print)

Charlotte E. Rustenvidela  
Signature

5 January 1972  
Date

CONFIDENTIAL  
(When filled in)

Group 1 Excluded from  
automatic downgrading  
and declassification.

SECRET  
(When Filled In)

FILE  
PUNCHED  
BY

# REPORT OF SERVICE ABROAD

TO: Office of Personnel, Control Division, Statistical Reporting Branch

SERIAL NO.	NAME		
	LAST	FIRST	MIDDLE
007667	Bustaswiele	Charlotte	Z

## INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 38, REVISED.

## PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA		O/P USE ONLY		COUNTRY	
MONTH	DAY	YEAR	MONTH	DAY	YEAR	1 - PCS (Basic)	CODE	37	38 39		CODE
25-26	27-28	29-30	31-32	33-34	35-36	2 - CORRECTION					40-42
						3 - CANCELLATION					
			08	10	72		1			Mexico	450

## TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA		O/P USE ONLY		AREA(S)	
MONTH	DAY	YEAR	MONTH	DAY	YEAR	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	CODE				CODE
25-26	27-28	29-30	31-32	33-34	35-36		37	38	39		40-42

## OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

## SOURCE DOCUMENT AND CERTIFICATION

TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	
DOCUMENT IDENTIFICATION NO. IN 680799	DOCUMENT DATE/PERIOD 8/10/72

REMARKS	
PREPARED BY CCB C & L DIVISION, CTOS. C & L DIVISION	REPORT ANNOTATED ON CONTROL DOCUMENT DATE 8/10/72 SIGNATURE [Signature]

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER



SECRET

OFF

## FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

NAME OF EMPLOYEE (Use pseudo only if SA)	DATE (from item S-1)	NAME OF SUPERVISOR (true)	DATE (from item S-2)
Charlotte Z. Buston-Videla	8 Sep 1971	John R. Horton	8 Sep 1971
DATE RECEIVED AT HEADQUARTERS:	DISPATCH NUMBER:	DATE RECEIVED BY CAREER SERVICE:	
15 September 1971	HMMIT 11,086, 8 Sep 1971		

TO BE COMPLETED BY EMPLOYEE

1. DATE OF BIRTH	2. SERVICE DESIGN	3. YOUR CURRENT POSITION, TITLE AND GRADE	4. STATION OR BASE	5. CRYPT FOR CURRENT COVER
12 Jan 29		Cuba/CI; GS-13	Mexico City	
6a. DATE OF PCS ARRIVAL IN FIELD	6b. REQUESTED DATE OF DEPARTURE	6c. EXPECTED DATE OF FIRST CHECK-IN AT HQ	6d. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE	
28 July 1967	9 Sept. 1972	-----	16 October (3 weeks H/L) (2 weeks A/L)	

7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:

None

8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:

My husband is currently a professor in New York City, and I would very much appreciate an assignment in New York City so I may join him there. I would be agreeable to changing somewhat my departure date from Mexico if it would help in my accepting an opening in New York City. (My reason for requesting the two month extension is to insure my 5 years overseas duty so as to qualify for the organization's retirement plan.)

9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form).  
(also attach personal cover questionnaire in accordance with CSI-F 140-B)

1. Analysis of personality and target data from raw and finished reports, preparation of target studies, and finished intelligence dissem.
2. Operational reporting: cables, dispatches, projects, progress reports, etc.
3. Handling of outside transcribers. (off and on).
4. Records control and purge of Station files.
5. Preparation of memos for other components of LNCUFF.
6. General Ops support IA type work.

10. TRAINING DESIRED:

INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS

## SECRET

11. PREFERENCE FOR NEXT ASSIGNMENT. 11a. DESCRIBE BRIEFLY THE TYPE OF WORK YOU WOULD PREFER FOR NEXT ASSIGNMENT IF DIFFERENT FROM THAT INDICATED IN ITEM NO. 9 ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICE.	
11b. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, & 3 (for 1st, 2nd, and 3rd choice) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR.	
<input checked="" type="checkbox"/>	EXTEND TOUR <u>2</u> MONTHS AT CURRENT STATION TO <u>9 September</u> (date)
2 <input checked="" type="checkbox"/>	BE ASSIGNED TO <u>DOJ</u> FOR A TOUR OF DUTY; INDICATE YOUR CHOICE OF DIVISION, <u>WHY</u> OR OFFICE. 1ST CHOICE <u>DOJ</u> 2ND CHOICE <u>EUR</u> 3RD CHOICE
1 <input checked="" type="checkbox"/>	BE ASSIGNED TO <u>NEW YORK</u> FIELD STATION; INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIALIZATION 1ST CHOICE <u>New York</u> 2ND CHOICE 3RD CHOICE
3 <input type="checkbox"/>	RETURN TO MY CURRENT STATION
TO BE COMPLETED BY FIELD STATION	
12. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING: <p style="margin: 5px 0;">Those of you who know her realize that I would hardly give up <span style="border: 1px solid black; display: inline-block; width: 80px; height: 1.2em; vertical-align: middle;"></span> even after five years on the job, without a fight, did not other reasons intervene. Her husband is working in New York now and so her remaining here any longer than needed for her to qualify for her retirement time, as she explains, is a needless hardship. (It would help us if you would confirm that time: is that the date needed for her to remain in order to qualify?) Please do your best to arrange</p>	
-continued	
TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE	
13. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING. <p style="margin: 5px 0;">Subject will be assigned as chief of the CA Section, WH/Branch One. She is being notified via HMMS 7580.</p>	
DATE <u>9 Jun 72</u>	TITLE <u>DC/WH/Pers</u> SIGNATURE <span style="border: 1px solid black; display: inline-block; width: 150px; height: 30px; vertical-align: middle;"></span>
FOR USE BY CAREER SERVICE	
14. APPROVED ASSIGNMENT:	
15. EMPLOYEE NOTIFIED BY DISPATCH NO. _____ DATED: _____ FILE NO. _____ DATED: _____	
CAREER SERVICE REPRESENTATIVE: _____ DATE: _____ <div style="text-align: center; font-size: small;">(Signature)</div>	

SECRET

12. CONTINUED

an assignment in New York for her. She is such a valuable person that anyone who has worked with her would be glad to have her on the premises: so there is no need to try to "sell" her: it's just the question of whether the timing would be right, I should think.

**CONFIDENTIAL**  
(When Filled In)

Complete in original. The data recorded on this form is essential in determining travel expenses allowable in connection with leave at government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. This form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE (Last)		(First)	(Middle)	SOCIAL SECURITY NUMBER
BUSTOS-VIDELA		Charlotte	Z	

**1. RESIDENCE DATA**

PLACE OF RESIDENCE WHEN INITIALLY EMPLOYED BY AGENCY	LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)
Washington, D.C.	Washington, D.C.
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE	HOME LEAVE RESIDENCE
Dayton, Ohio	Dayton, Ohio

**2. MARITAL STATUS (Check one)**

<input type="checkbox"/> SINGLE	<input checked="" type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> ANNULLED
---------------------------------	---	------------------------------------	-----------------------------------	----------------------------------	-----------------------------------

IF MARRIED, PLACE OF MARRIAGE: Dayton, Ohio  
DATE OF MARRIAGE: March 18, 1961

IF DIVORCED, PLACE OF DIVORCE DECREE: NA  
DATE OF DECREE: NA

IF WIDOWED, PLACE SPOUSE DIED: NA  
DATE SPOUSE DIED: NA

IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S): NA

**3. MEMBERS OF FAMILY**

NAME OF SPOUSE	ADDRESS (No., Street, City, State, Zip Code)	TELEPHONE NO. MEXICO
Cesar Bustos-Videla	Apartado Postal 6-940, Mexico 6, D.F. MEXICO	525-42-36
NAMES OF CHILDREN	ADDRESS	SEX DATE OF BIRTH
NA		
NAME OF YOUR FATHER (Or male guardian)	ADDRESS	TELEPHONE NO.
Samuel D. Zehrung	425 Dayton Towers Dr, Dayton, Ohio	513-223-2550
NAME OF YOUR MOTHER (Or female guardian)	ADDRESS	TELEPHONE NO.
Eazel Zehrung	Same	Same

WHAT MEMBER(S) OF YOUR FAMILY, IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY.

**4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY**

NAME (Mr., Mrs., Miss) (Last-First-Middle)	RELATIONSHIP
Cesar Bustos-Videla	husband
HOME ADDRESS (No., Street, City, State, Zip Code)	HOME TELEPHONE NUMBER
see above	see above
BUSINESS ADDRESS (No., Street, City, State, Zip Code) AND NAME OF EMPLOYER, IF APPLICABLE	BUSINESS TELEPHONE & EXTENSION
Universidad de las Americas, Puebla, MEXICO	

IS THE INDIVIDUAL NAMED ABOVE BITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.)

yes	YES	X
	NO	

IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person, if any, who can make such decision in case of emergency.)

	YES	X
	NO	

DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 6.)

	YES	X
	NO	

The persons named in item 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.

CONTINUED ON REVERSE SIDE

**CURRENT RESIDENCE AND DEPENDENCY REPORT**

JUN 22 11 00 AM '70

Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.

INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.

All financial information is on file with our lawyer

Mr. John DAHLGREN  
DAHLGREN DARRAGH & CLOSE  
1000 Conn. Ave., N.W., Washington D.C.

ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION? ☐ YES ☒ NO

IF YES, DO YOU HAVE A JOINT ACCOUNT? ☐ YES ☐ NO

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? ☒ YES ☐ NO. (If "Yes" where is document located?)

On file with lawyer listed above

HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS?  
☐ YES ☐ NO. (If "Yes" give name(s) and address)

NA

HAVE YOU EXECUTED A POWER OF ATTORNEY? ☐ YES ☐ NO. (If "Yes", who possess the power of attorney?)

Believe the lawyer has this also

6. **ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS**

SIGNED AT

CASE

**SIGNATURE**

**CONFIDENTIAL**

CONFIDENTIAL  
(When Filled In)

MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents of Handbook 20-4, Employee Conduct, dated 7 October 1963, and the information brochure for PCS returnees, dated May 1964.

Charlotte S. Burtch  
Signature

BURTON Adela, Charlotte

22 Jan 1970  
Date

CONFIDENTIAL  
(When Filled In)

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

NAME OF EMPLOYEE (use pseudo only if SA)	DATE (from item 3.1)	NAME OF SUPERVISOR (true)	DATE (from item 3.2)
Charlotte Bustos-Videla	26 Jan. 70	James B. Noland	26 Jan. 1970
DATE RECEIVED AT HEADQUARTERS:	DISPATCH NUMBER:	DATE RECEIVED BY CAREER SERVICE:	
2 Feb. 1970	HMNT-10102	10APH 1970	

TO BE COMPLETED BY EMPLOYEE

1. DATE OF BIRTH	2. SERVICE DESIGN	3. YOUR CURRENT POSITION, TITLE AND GRADE	4. STATION OR BASE	5. CRYPT FOR CURRENT COVER
12 Jan 29		Exec Assistant, GS-13	MEXICO CITY Station	
6a. DATE OF PCS ARRIVAL IN FIELD	6b. REQUESTED DATE OF DEPARTURE	6c. EXPECTED DATE OF FIRST CHECK-IN AT HQ	6d. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE	
28 July 1967	16 Aug 1970	Will not go Hdqs unless requested	26 Oct 1970	

7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:

none

8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:

Subject wishes to remain overseas for a minimum of two more years to complete her 5 years overseas requirement.

9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form). (also attach personal cover questionnaire in accordance with CSI-F 240-8)

1. During most of Subject's tour in Mexico she has been the Cuban IA. In this job she also handled some Cuban operational matters including  contract employees.
2. During this period she also handled some sensitive projects for the CCS.
3. During the last six months Subject has been Exec Asst to the CCS/DCOS concentrating on file and administrative reorganization of the Station.
4. Subject has had supervisory responsibility over one to three clerical/TDY staff for short periods.

10. TRAINING DESIRED: INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS

None

**SECRET**

**11. PREFERENCE FOR NEXT ASSIGNMENT:**

**11A. DESCRIBE BRIEFLY THE TYPE OF WORK YOU WOULD PREFER FOR NEXT ASSIGNMENT IF DIFFERENT FROM THAT INDICATED IN ITEM NO. 9 ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICE.**

I enjoy both Administrative and Cps, IA work.

**11B. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, 3 (for 1st, 2nd, and 3rd choice) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR.**

- 3 ☐ EXTEND TOUR: 12 MONTHS AT CURRENT STATION TO AUG 1971.  
(DATE)
- ☐ BE ASSIGNED TO HQS FOR A TOUR OF DUTY; INDICATE YOUR CHOICE OF DIVISION, STAFF OR OFFICE.  
1ST CHOICE \_\_\_\_\_ 2ND CHOICE \_\_\_\_\_ 3RD CHOICE \_\_\_\_\_
- 1 ☐ BE ASSIGNED TO ANOTHER FIELD STATION; INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIALIZATION  
1ST CHOICE Paris 2ND CHOICE \_\_\_\_\_ 3RD CHOICE \_\_\_\_\_
- 2 ☐ RETURN TO MY CURRENT STATION for 2nd tour.

**TO BE COMPLETED BY FIELD STATION**

**12. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:**

Would not stand in Subject's way, were she to be fortunate enough to get a Paris assignment. However with her long Mexico background (both Hdqs and field) and her multiple talents she has been invaluable in the reorganization of this highly complicated Station under changed circumstances, will continue to be so during the next several years and to lose her would be like losing one's right arm. Therefore we strongly endorse either a second tour or an extension.

**TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE**

**13. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.**

W1 Division recommends that subject return to Mexico City for a second tour.

DATE 11 Mar 70 FILE C/Wd/Paris SIGNATURE Henry L. Berthold

**FOR USE BY CAREER SERVICE**

**14. APPROVED ASSIGNMENT:**

New tour in Mexico City

**15. EMPLOYEE NOTIFIED BY DISPATCH NO. 100-1765 DATED: 22 Mar 70**

CABLE NO. \_\_\_\_\_ DATED: \_\_\_\_\_

CAREER SERVICE REPRESENTATIVE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE

**SECRET**



# CONFIDENTIAL

(When Filled In)

Complete in original. The data recorded on this form is essential in determining travel expenses allowable in connection with leave of government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. This form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE (Last) (First) (Middle) SOCIAL SECURITY NUMBER  
 BUSTOS-VIDELA PAULINE Z

## 1. RESIDENCE DATA

PLACE OF RESIDENCE WHEN INITIALLY EMPLOYED BY AGENCY LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)  
 WASHINGTON DC. N.A.

PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE HOME LEAVE RESIDENCE  
 WASHINGTON DC. DAYTON, OHIO

## 2. MARITAL STATUS (Check one)

☐ SINGLE ☒ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ WIDOWED ☐ ANNULLED

IF MARRIED, PLACE OF MARRIAGE DATE OF MARRIAGE  
 DAYTON, OHIO March 18, 1961

IF DIVORCED, PLACE OF DIVORCE DECREE DATE OF DECREE

IF WIDOWED, PLACE SPOUSE DIED DATE SPOUSE DIED

IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)

NA.

## 3. MEMBERS OF FAMILY

NAME OF SPOUSE ADDRESS (No. Street, City, State, Zip Code) TELEPHONE NO.  
 CESAR BUSTOS-VIDELA LAS AMERICAS UNIV., MEXICO CITY, MEXICO

NAMES OF CHILDREN ADDRESS SEX DATE OF BIRTH

NAME OF YOUR FATHER (Or male guardian) ADDRESS (No. Street, City, State, Zip Code) TELEPHONE NO.  
 SAMUEL D. ZENRONG 445 DAVENPORT ROAD DAYTON, OHIO

NAME OF YOUR MOTHER (Or female guardian) ADDRESS TELEPHONE NO.  
 NAEL J. ZENRONG Same

WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY?  
 Ann Yelling, all my family - I am resigned 15 July 67.

## 4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME (Mr., Mrs., Miss) (Last-First-Middle) RELATIONSHIP  
 MRS. FFLAUMER, Mary Elizabeth (Mrs. Dale) SISTER

HOME ADDRESS (No. Street, City, State, Zip Code) HOME TELEPHONE NUMBER  
 576 LAKE FOREST DRIVE, RAY VILLAGE, OHIO 44140 216-871-0689

BUSINESS ADDRESS (No. Street, City, State, Zip Code) AND NAME OF EMPLOYER, IF APPLICABLE BUSINESS TELEPHONE & EXTENSION

IS THE INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization by which you work last.) YES NO

IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.) YES NO

DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 6.) YES NO

The persons named in item 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.

CONTINUED ON REVERSE SIDE

## CURRENT RESIDENCE AND DEPENDENCY REPORT

## CONFIDENTIAL

(When Filled In)

B. VOLUNTARY ENTRIES		
Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.		
INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.		
<i>The National Bank of Washington, Belmont Circle Branch, Washington D.C.</i> <i>joint account with husband</i> <i>Columbia Federal Savings &amp; Loan Assoc, 5301 Tree Ave. N.W. D.C.</i> <i>joint account with husband.</i>		
ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
IF YES, DO YOU HAVE A JOINT ACCOUNT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes" where is document located?)		
<i>Lawyer: Mr. John C. Bahlgren</i> <i>Bahlgren, Barron &amp; Close</i> <i>1000 Korm Ave. NW</i>		
HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. (If "Yes" give name(s) and address)		
HAVE YOU EXECUTED A POWER OF ATTORNEY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes", who possess the power of attorney?)		
<i>Mr. Accounting Director, The National Bank of Washington</i>		
C. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS		
SIGNED AT	DATE	SIGNATURE
	<i>June 28 1967</i>	<i>Oliver W. J. Smith, Jr. D.D.</i>

CONFIDENTIAL

SECRET

# **ELECTION, DECLINATION, OR WAIVER OF LIFE INSURANCE COVERAGE** FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

**IMPORTANT  
AGENCY INSTRUCTIONS  
ON BACK OF ORIGINAL**

## **TO COMPLETE THIS FORM—**

1

### **FOLLOW THESE GENERAL INSTRUCTIONS:**

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in BOTH COPIES of the form. Type or use ink.
- Do not detach any part.

2

### **FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):**

NAME (last)	(first)	(middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER
Bustos-Videla	Charlotte	Louise	January 12, 1929	
EMPLOYING DEPARTMENT OR AGENCY			LOCATION (City, State, ZIP Code)	
007667				

3

### **MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):**

Mark here  
if you  
**WANT BOTH**  
optional and  
regular  
insurance



#### **ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE**

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here  
if you  
**DO NOT WANT**  
OPTIONAL but  
do want  
regular  
insurance



#### **DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE**

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here  
if you  
**WANT NEITHER**  
regular nor  
optional  
insurance



#### **WAIVER OF LIFE INSURANCE COVERAGE**

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

4

### **SIGN AND DATE. IF YOU MARKED BOX "A" OR "C", COMPLETE THE "STATISTICAL STUB." THEN RETURN THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.**

SIGNATURE (do not print)

*Charlotte J. Bustos-Videla*

DATE

13 February 1968

### **FOR EMPLOYING OFFICE USE ONLY**

(official receiving date stamp)

RECEIVED  
FEB 13 1968

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

SECRET

STANDARD FORM No. 176-T  
JANUARY 1968  
(For use only w. 1-1 April 14, 1968)  
176-101

**SECRET**  
(When Filled In)

REPORT OF SERVICE ABROAD														
TO: Office of Personnel, Transactions and Records Branch, Status Section														
SERIAL NO.		NAME												
		LAST			FIRST					MIDDLE				
1-8		(Print)			7-24									
007667		BUSTOS YIDEA			CHARLOTTE					Z				
INSTRUCTIONS														
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 88, REVISED.														
PCS DATES OF SERVICE														
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		COUNTRY			
MONTH	DAY	YEAR	MONTH	DAY	YEAR				CODE					
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION			27	28	29	MEXICO		
0	7	2	8	6	7				1			40-42 5 0		
TDY DATES OF SERVICE														
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		AREA(S)			
MONTH	DAY	YEAR	MONTH	DAY	YEAR				CODE					
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION			27	28	29	40-42		
OFFICE OF PERSONNEL USE ONLY - PUNCH AREA														
SOURCE DOCUMENT AND CERTIFICATION														
TRAVEL VOUCHER							DISPATCH							
CABLE							<input checked="" type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT							
OTHER (Specify)														
DOCUMENT IDENTIFICATION NO. FORM 764							DOCUMENT DATE/PERIOD 2 - 29 JULY 1967							
REMARKS ARRIVAL DATE REPORTED UNDER "OTHER REMARKS" ON DUTY STATUS REPORT.														
PREPARED BY			REPORT ANNOTATED AS CONTROL DOCUMENT			ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED								
C & S DIVISION, CTR.			DATE			SIGNATURE								
<input checked="" type="checkbox"/> C & T DIVISION			16 APR 1968			<i>[Signature]</i>								
THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER														

SECRET

OFFICIAL USE ONLY (When Filled In)

## QUALIFICATIONS SUPPLEMENT TO PERSONAL HISTORY STATEMENT

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT. AVOID USING LIGHT COLORED INKS.

## SECTION I

## BIOGRAPHIC AND POSITION DATA

1. EMP. SER. NO. 007067	2. NAME (Last First Middle) BUSTOSVIDELA C Z	3. SEX F	4. DATE OF BIRTH 01/12/29	5. SCHEDULE/GRADE/STEP GS-13-C6
6. NO. U	7. POSITION TITLE OPS OFFICER	8. OFFICE OF ASSIGNMENT WH	9. LOCATION (Country, City) MEXICO CITY, MEXICO	

## SECTION II

## AGENCY OVERSEAS SERVICE

AREA	TYPE TOUR	FROM	TO
<del>NO OVERSEAS SERVICE</del>			
MEXICO CITY STATION	1st tour	27 JULY 1967	10 JUNE 1970
	2nd tour	1970 -	

OVERSEAS DATA  
CODED  
DATE: INITIALS: S  
60 JUL 1970

## SECTION III

## EDUCATION

DEGREE	MAJOR FIELD	COLLEGE	YEAR
BACH	ECONOMICS, GENERAL	SYRACUSE UNIV NY	50

SECRET

GROUP  
Excluded from automatic  
downgrading and declassification

When I had in

[illegible]

**SECRET**

CERTIFICATION OF LANGUAGE PROFICIENCY

1. EMPLOYEE NO. 2.		NAME (LAST-FIRST-MIDDLE)			3. TYPE CHANGE		4. LANGUAGE DATA PRIOR TO TEST									
		BUSTOS-VIDELA, CHARLOTTE			A=ADD C=CHANGE D=DELETE		CODE	LAN. CODE	R	W	P	S	U	I/T	YEAR	
5. LANGUAGE DATA AFTER TEST					6. DATE TESTED		7. DATE OF BIRTH		8. GRADE		9. OFFICE OR DIVISION					
LAN. CODE	R	W	P	S	U	I/T	YEAR	10/17/72		01/12/29		13		NH		
NOTICE TO PERSON TESTED																
10. ON THE DATE SHOWN IN ITEM 6 ABOVE, YOU WERE TESTED IN <u>SPANISH- (NEW WORLD)</u> BL18 AND YOUR TEST SCORES ARE AS FOLLOWS: (NAME OF LANGUAGE)																
READING		WRITING		PRONUNCIATION		SPEAKING		UNDERSTANDING		TEST RATINGS						
N		+		+		I+		H		0 = ZERO I = INTERMEDIATE 3 = SLIGHT H = HIGH E = ELEMENTARY N = NATIVE						
11. REMARKS										12. SIGNATURE						
"4" indicates not tested										Speaking grade.  CL BY 017470 EX-2 IMPDET WISMI						
										13. LD NUMBER						
										20723						

FORM 11-64 1273 OBSOLETE PREVIOUS EDITIONS

**CONFIDENTIAL**  
(110-48) - ~~SECRET~~

~~GROUP 1~~  
~~EXCLUDED FROM AUTOMATIC DECLASSIFICATION~~  
~~AND DOWNGRADING~~

1 - OP/QAB

11-84 EDITIONS  
4-2-84 0-DIGITS-4-1-MUST CONTAIN 20-DIGITS

1-84 EDITIONS P-RIGHTS MUST CONTAIN 20-DIGITS <div style="float: left; width: 10%;">           &lt; 2 •         </div>						
4. DATE OF BIRTH MO      DA      YR			5. DATE CODED MO      DA      YR			THE DATA ABOVE (ITEMS 2 THRU 5) WILL BE FILLED IN WHEN CODING AN APPLICANT FOR THE FIRST TIME. THIS FORM IS THEN ATTACHED TO FORM 1962, MASTER QUALIFICATIONS CODING RECORD.
•			•			

LANGUAGE CODING DATA - FORM 444c										
1. ID	2. EMPLOYEE NO.	3. NAME	4. LANGUAGE DATA CODE							
◁ 3 •	•	3-LETTERS •	BASE CODE •	R	W	P	S	U	T	YR
5. DATE SUBMITTED			6. DATE OF BIRTH							
MO	DA	YR	MO	DA	YR	WHEN FORM 444c DENOTES NO LANGUAGE COMPETENCE, ENTER THE FOLLOWING IN ITEM 4: "NO++LANGUAGE" (12-DIGITS)				
•			•							

LANGUAGE PROFICIENCY TEST DATA														
1. IO	2. EMPLOYEE NO	3. NAME	4. CODE	5. LANGUAGE DATA BEFORE TEST										
		3-LETTERS	C-A-D	BASE CODE	R	W	P	S	U	T	YR			
65	007667	BUS	C	BL18	i	i	H	i	i	4	67			
6. LANGUAGE DATA AFTER TEST				7. DATE OF TEST	DATA FOR ITEM 2 THRU 7 IS									
BASE CODE	R	W	P	S	U	T	YR	MO	DA	YR	EXTRACTED FROM FORM 1273.			
BL18	N	i	H	i	H	4	72	10	17	72	LANGUAGE PROFICIENCY AND AWARD DATA.			

[illegible]

**SECRET**  
(WHEN FILLED IN)

### CERTIFICATION OF LANGUAGE PROFICIENCY

1. EMPLOYEE NO. 2.		NAME (LAST-FIRST-MIDDLE)		3. TYPE CHANGE		4. LANGUAGE DATA PRIOR TO TEST									
117667		RUSTON-VIDELA, CHARLOTTE Z.		A=ADD C=CHANGE D=DELETE		CODE	LAN. CODE	R	W	P	S	U	I/T	YEAR	
5. LANGUAGE DATA AFTER TEST				6. DATE TESTED		7. DATE OF BIRTH		8. GRADE		9. OFFICE OR DIVISION					
LAN. CODE	R	W	P	S	U	I/T	YEAR	06/22/67		01/12/29		-13		WH	
NOTICE TO PERSON TESTED															
10. ON THE DATE SHOWN IN ITEM 6 ABOVE, YOU WERE TESTED IN SPANISH (NEW WORLD) RL18 AND YOUR TEST SCORES ARE AS FOLLOWS: (NAME OF LANGUAGE)															
READING		WRITING		PRONUNCIATION		SPEAKING		UNDERSTANDING		TEST RATINGS					
I		CODED		H		I		I		0 = ZERO 1 = INTERMEDIATE 2 = SLIGHT H = HIGH E = ELEMENTARY N = NATIVE					
11. REMARKS										12. SIGNATURE					
FOR QUALIFICATIONS										13. LD NUMBER					
DATE 25 AUG 1967										14168					

FORM 11-64 1273 OBSOLETE PREVIOUS EDITIONS

(10-45) **SECRET**

**GROUP 1**  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION

1 - CP/QAB

LANGUAGE PROFICIENCY TEST DATA

1. ID	2. EMPLOYEE NO.	3. NAME	4. CODE	5. LANGUAGE DATA BEFORE TEST									
		3-LETTERS	C-A-D	BASE CODE	R	W	P	S	U	T	YR		
65	447667	BLLS	C	BL18	H	I	H	H	N	4	64		
6. LANGUAGE DATA AFTER TEST				7. DATE OF TEST			DATA FOR ITEM 2, THRU 7 IS						
BASE CODE	R	W	P	S	U	T	YR	MO	DA	YR	EXTRACTED FROM FORM 127		
BL18	I	I	H	I	I	4	67	16	22	67	LANGUAGE PROFICIENCY AND AWARDS DATA.		
										2 OCT 1967			

QUALIFICATIONS RECORD CHANGE

[illegible]

1962a

**SECRET**

GROUP 1

1 4 2 3 4



SECRET

(When Filled In)

1. PERSONNEL SERIAL NO (1-6)		LANGUAGE PROFICIENCY AND AWARDS DATA				7. IO NO
3. NAME (7-34) LAST		FIRST	MIDDLE	4. OFFICE OR DIVISION	5. LANGUAGE	6. LANG CODE (25 37)
7. DATE OF TEST (40-51)		8. ANNIVERSARY DATE		9. GRADE	10. DATE OF BIRTH	
11. REASON FOR TAKING TEST		12. TEST SCORES				
APPLY FOR AWARD		READING (34)	WRITING (35)	PRONUNCIATION (36)	SPEAKING (37)	UNDERSTANDING (38)
ESTABLISH SAIL LEVEL		H	I	II	III	IV
13. ELIGIBILITY (39)		14. TYPE OF AWARD				
A		ACHIEVEMENT (A)	ELEMENTARY (B)	READING (R)	SPEAKING (S)	BASED ON TRAINING THAT WAS DIRECTED (D) OR VOLUNTARY (V)
M		MAINTENANCE (M)	INTERMEDIATE (C)	COMPREHENSIVE (C)		
NA		A	E-I	C	V	
15. INELIGIBLE (REASON)				16. I CERTIFY THIS EMPLOYEE FOR A PROFICIENCY AWARD OF \$ 1 (A), 00 (40-49)		
REMARKS				SIGNATURE		DATE
				17. I CERTIFY THAT FUNDS ARE AVAILABLE		
				OBIGATION REF. NO.		CHARGE ALLOTMENT NO.
				SIGNATURE		

FORM 1273  
5-60OBSOLETE PREVIOUS  
EDITIONS

SECRET

(10-43)

MRD COPY

SECRET

RUC

**PERIODIC SUPPLEMENT  
PERSONAL HISTORY STATEMENT**

THIS DATE

10 September 1957

## INSTRUCTIONS

This form provides the means whereby your official personnel records will be kept current. Even though it duplicates information you have furnished previously, it will be necessary for you to complete Sections I through VI in their entirety. You need complete Sections VII through XIII only if there has been a change since you entered on duty with the organization or if you believe the form requires more complete knowledge than you have previously reported.

## SECTION I

## GENERAL

1. FULL NAME (Last-First-Middle)

ZIEHRUNG, Charlotte L.

2. CURRENT ADDRESS (No., Street, City, Zone, State)

3817 Davis Place, N. W., Washington

3. PERMANENT ADDRESS (No., Street, City, Zone, State)

5536 South Dixie Highway, Dayton 9, Ohio

4. HOME TELEPHONE NUMBER

Etn 2-1618

5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE

Ohio

## SECTION II

## PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

1. NAME (Last-First-Middle), PREFERABLY RESIDING IN U.S.

ZIEHRUNG, Samuel Danforth

2. RELATIONSHIP

Father

3. HOME ADDRESS (No., Street, City, Zone, State, Country)

5536 South Dixie Highway, Dayton 9, Ohio

4. BUSINESS ADDRESS (No., Street, City, Zone, State, Country). INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE

5536 South Dixie Highway, Dayton 9, Ohio. San Rae Gardens

5. HOME TELEPHONE NUMBER

MO 3-3511

6. BUSINESS TELEPHONE NUMBER

MO 3-3511

7. BUSINESS TELEPHONE EXTENSION

None

8. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE.

## SECTION III

## MARITAL STATUS

1. CHECK (X) ONE: ☐ SINGLE ☒ MARRIED ☐ WIDOWED ☐ SEPARATED ☐ DIVORCED ☐ ANNULLED

2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS

SPOUSE: If you have been married more than once, including Annulments, use a separate sheet for former wife or husband giving data below for all previous marriages. If marriage is contemplated, provide same data for fiancé.

3. NAME (First) (Middle) ( maiden) (Last)

4. DATE OF MARRIAGE

5. PLACE OF MARRIAGE (City, State, Country)

6. ADDRESS OF SPOUSE BEFORE MARRIAGE (No., Street, City, State, Country)

7. LIVING

8. DATE OF DEATH

9. CAUSE OF DEATH

10. CURRENT ADDRESS (Give last address, if deceased)

11. DATE OF BIRTH

12. PLACE OF BIRTH (City, State, Country)

13. IF BORN OUTSIDE U.S. - DATE OF ENTRY

14. PLACE OF ENTRY

15. CITIZENSHIP (Country)

16. DATE ACQUIRED

17. WHEN ACQUIRED (City, State, Country)

18. OCCUPATION

19. PRESENT EMPLOYER (Also give in previous sections, if spouse is deceased or unemployed, list two employers)

20. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country)

SECTION III CONTINUED TO PAGE 2

SECRET

**QUALIFICATIONS**  
DATE 11 JUL 1958  
11 JUL 1958

## SECRET

(When Filled In)

## SECTION III CONTINUED FROM PAGE 1

71. DATES OF MILITARY SERVICE OF SPOUSE (From and To) BY MONTH AND YEAR	
72. BRANCH OF SERVICE	73. COUNTRY WITH WHICH MILITARY SERVICE WAS PERFORMED
74. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN	

## SECTION IV RELATIVES BY BLOOD, MARRIAGE OR ADOPTION LIVING ABROAD OF WHO ARE NOT U.S. CITIZENS

1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle)		
2. RELATIONSHIP		3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle)		
2. RELATIONSHIP		3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT
1. FULL NAME (Last-First-Middle)		
2. RELATIONSHIP		3. AGE
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES		
5. CITIZENSHIP (Country)	6. FREQUENCY OF CONTACT	7. DATE OF LAST CONTACT

8. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES

## SECTION V FINANCIAL STATUS

1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY?		
<input checked="" type="checkbox"/>	YES	NO
2. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTION WITH, NON-U.S. CORPORATIONS OR BUSINESSES OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YOU HAVE ANSWERED "YES," GIVE COMPLETE DETAILS ON A SEPARATE SHEET AND ATTACH IN A SEALED ENVELOPE.		
3. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
4. IF YOU HAVE ANSWERED "YES" TO QUESTION 3 ABOVE, GIVE COMPLETE DETAILS.		
5. WITHOUT REFERENCE TO YOUR SALARY, STATE OTHER SOURCES OF CURRENT INCOME NOT INDICATED BY PRECEDING ITEMS.		

SECTION V CONTINUED TO PAGE 3

SECRET

**SECRET**  
When Filled In:

## SECTION V CONTINUED FROM PAGE 1

[illegible]

NAME OF INSTITUTION		ADDRESS (City, State, Country)	
Citizens Federal Savings & Loan Assn.		Dayton, Ohio	
Riggs National Bank		Washington, D. C.	
7. HAVE YOU EVER BEEN IN, OR RECEIVED FOR, BANKRUPTCY?		YES	<input checked="" type="checkbox"/> NO
8. IF YOU HAVE ANSWERED "YES" TO QUESTION 7 ABOVE, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)			

## SECTION VI

## CITIZENSHIP

1. COUNTRY OF CURRENT CITIZENSHIP <b>US</b>	2. CITIZENSHIP ACQUIRED BY - CHECK (IS ONE) <input checked="" type="checkbox"/> BIRTH <input type="checkbox"/> MARRIAGE <input type="checkbox"/> OTHER (Specify):
3. HAVE YOU TAKEN STEPS TO CHANGE YOUR PRESENT CITIZENSHIP? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	4. GIVE PARTICULARS
5. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, INDICATE PRESENT STATUS OF YOUR APPLICATION (First page, etc.)	

## SECTION VII

## EDUCATION

EDUCATION	
1. CHECK THE HIGHEST LEVEL OF EDUCATION ATTAINED	
LESS THAN HIGH SCHOOL GRADUATE	NEVER FOR FARM, UP TO 100% - NO DEGREE
HIGH SCHOOL GRADUATE	BACHELOR'S DEGREE
TRADE, BUSINESS, OR COMMERCIAL VOCATIONAL GRADUATE	GRADUATE STUDY LEADING TO HIGH SCHOOL DEGREE
100 YEARS COLLEGE OR LESS	MASTER'S DEGREE
	DOCTOR'S DEGREE

## 2. COLLEGE OR UNIVERSITY STUDENT

[illegible]

16 AUG 1974 12:45 3000000

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL HOURS
		FROM	TO	

6. MILITARY TRAINING (Full time only in specialized schools such as Defense, Intelligence, Communications, etc.)

[illegible]

1. SINGLE EDUCATIONAL 2. ADDITIONAL 3. RE-EDUCATION

**SECRET**  
(When Filled In)

**SECTION X CONTINUED FROM PAGE 4**

7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (Do not submit copies unless requested). INDICATE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (Non-fiction, scientific articles, general interest subjects, novels, short stories, etc.)

8. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED

9. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE

10. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.

**SECTION XI ORGANIZATION WORK EXPERIENCE - SINCE LAST COMPLETION OF A PERSONNEL QUALIFICATIONS QUESTIONNAIRE**

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
27 Aug 51 - 27 Apr 52	5	DDP/WH/II (Hqs)
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
0	Secretary (Steno)	
6. DESCRIPTION OF DUTIES		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
27 Apr 52 - 27 Sept 53	7	DDP/WH/II (Hqs)
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
	Intell Officer (Rpts)	
6. DESCRIPTION OF DUTIES		
All duties of Reports Officer		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
27 Sept 53 - 10 Apr 55	9	DDP/WH/II (Hqs)
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
one to two	Reports Officer	
6. DESCRIPTION OF DUTIES		
Duties of Chief reports officer as		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
10 Apr 55 - June 1957	11	DDP/WH/II (Hqs)
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
one - two	Chief Reports Officer	
6. DESCRIPTION OF DUTIES		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
June 1957 - present	11	DDP/WH/III (Hqs)
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
	Reports Officer	
6. DESCRIPTION OF DUTIES		

(Use additional pages if required)

**SECRET**  
3

2

SECRET

(When Filled In)

1. PERSONNEL SERIAL NO. (1-5)		LANGUAGE PROFICIENCY AND AWARDS DATA				2. L.D. NO.	
3. NAME (17-24)		4. COMPONENT		5. GRADE		6. DATE OF BIRTH	
7. LANGUAGE		8. CODE (25-27)		9. DATE OF TEST		10. ANNIVERSARY DATE (28-33)	
11. TEST PURPOSE		12. TEST SCORES		13. ELIGIBILITY (39)			
AWARD		READING (34) WRITING (35) PRONUNCIATION (36) SPEAKING (37) UNDERSTANDING (38)		AWARDABLE		NOT AWARDABLE	
14. I CERTIFY THIS EMPLOYEE FOR AWARD		15. TYPE OF AWARD					
SIGNATURE		DATE		A-M		E-I-H	
				C		R-W-B	
				D-V			
16. AMOUNT OF AWARD		\$ 100.00		17. I CERTIFY THAT FUNDS ARE AVAILABLE			
18. FEDERAL TAX DEDUCTION		\$		OBLIGATION REF. NO.		SIGNATURE	
19. STATE/DC TAX DEDUCTION		\$		20. CHARGE ALLOTMENT NO.		DATE	
21. NET AMOUNT OF AWARD		\$		22. EMPLOYEE PAYROLL NO.			
23. FORWARD CHECK TO				24. ALLOTMENT OF ASSIGNMENT			
				25. CHECK NO.		DATE	

FORM 1273 USE PREVIOUS EDITIONS

SECRET

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SECRET

(When Filled In)

1. PERSONNEL SERIAL NO. (1-5)		LANGUAGE PROFICIENCY AND AWARDS DATA				2. L.D. NO.	
3. NAME (17-24)		4. COMPONENT		5. GRADE		6. DATE OF BIRTH	
7. LANGUAGE		8. CODE (25-27)		9. DATE OF TEST		10. ANNIVERSARY DATE (28-33)	
11. TEST PURPOSE		12. TEST SCORES		13. ELIGIBILITY (39)			
AWARD		READING (34) WRITING (35) PRONUNCIATION (36) SPEAKING (37) UNDERSTANDING (38)		AWARDABLE		NOT AWARDABLE	
14. I CERTIFY THIS EMPLOYEE FOR AWARD		15. TYPE OF AWARD					
SIGNATURE		DATE		A-M		E-I-H	
				C		R-W-B	
				D-V			
16. AMOUNT OF AWARD		\$ 100.00		17. I CERTIFY THAT FUNDS ARE AVAILABLE			
18. FEDERAL TAX DEDUCTION		\$		OBLIGATION REF. NO.		SIGNATURE	
19. STATE/DC TAX DEDUCTION		\$		20. CHARGE ALLOTMENT NO.		DATE	
21. NET AMOUNT OF AWARD		\$		22. EMPLOYEE PAYROLL NO.			
23. FORWARD CHECK TO				24. ALLOTMENT OF ASSIGNMENT			
				25. CHECK NO.		DATE	

FORM 1273 USE PREVIOUS EDITIONS


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(When Filled In)

(11-6)		<b>LANGUAGE DATA RECORD</b>			
107667					
<b>PART I-GENERAL</b>					
1. NAME (Last-First-Middle) <b>ZEHKUNG, Charlotte Louise</b>			2. DATE OF BIRTH (25-30) <div style="display: flex; justify-content: space-between;"> <div>MONTH <b>January</b></div> <div>DAY <b>12</b></div> <div>YEAR <b>1929</b></div> </div>		
3. LANGUAGE (21-32) <b>Spanish</b>		4. TODAY'S DATE (34-38) <div style="display: flex; justify-content: space-between;"> <div>MONTH <b>April</b></div> <div>DAY <b>2</b></div> <div>YEAR <b>1957</b></div> </div>		5. <input type="checkbox"/> I HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE	
720					
<b>PART II-LANGUAGE ELEMENTS</b>					
<b>SECTION A. Reading (40)</b>					
1. I CAN READ TEXTS OF ANY DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY ONLY RARELY.					
<input checked="" type="radio"/> 2. I CAN READ TEXTS OF MOST GRADES OF DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY OCCASIONALLY.					
3. I CAN READ TEXTS OF AVERAGE DIFFICULTY (newspapers, reference materials, etc.) USING THE DICTIONARY FREQUENTLY.					
4. I CAN READ SIMPLE TEXTS, SUCH AS STREET SIGNS, NEWSPAPER HEADLINES, ETC., USING THE DICTIONARY FREQUENTLY.					
5. I HAVE NO READING ABILITY IN THE LANGUAGE.					
<b>SECTION B. Writing (41)</b>					
1. I CAN WRITE PERSONAL LETTERS AND SIMILAR MATERIAL WITH COMPLETE SUCCESS WITHOUT USING THE DICTIONARY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH FEW GRAMMATICAL ERRORS, IN NATIVE STYLE, USING THE DICTIONARY ONLY RARELY.					
2. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL WITH COMPLETE SUCCESS, USING THE DICTIONARY ONLY PARTLY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH FEW GRAMMATICAL ERRORS, BUT IN A STYLE WHICH MAY NOT BE NATIVE, USING THE DICTIONARY OCCASIONALLY.					
<input checked="" type="radio"/> 3. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH OCCASIONAL MINOR GRAMMATICAL ERRORS AND IN OBVIOUSLY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY OCCASIONALLY.					
4. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH MANY GRAMMATICAL ERRORS AND IN A VERY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY FREQUENTLY.					
5. I CANNOT WRITE IN THE LANGUAGE.					
<b>SECTION C. Pronunciation (42)</b>					
1. MY PRONUNCIATION IS NATIVE.					
2. WHILE NATIVES CAN DETECT AN ACCENT IN MY PRONUNCIATION THEY HAVE NO DIFFICULTY UNDERSTANDING ME.					
<input checked="" type="radio"/> 3. MY PRONUNCIATION IS OBVIOUSLY FOREIGN, BUT ONLY RARELY CAUSES DIFFICULTY FOR NATIVES TO UNDERSTAND.					
4. MY PRONUNCIATION IS OCCASIONALLY DIFFICULT FOR NATIVES TO UNDERSTAND.					
5. I HAVE NO SKILL IN PRONUNCIATION.					
<b>CONTINUE ON REVERSE SIDE</b>					



CONTINUATION OF PART II—LANGUAGE ELEMENTS	
SECTION D. Speaking (43)	
1.	I SPEAK FLUENTLY AND ACCURATELY IN ALL PRACTICAL AND SOCIAL SITUATIONS; I CONVERSE FREELY AND IDIOMATICALLY IN ALL FIELDS WITH WHICH I AM FAMILIAR.
2.	I SPEAK FLUENTLY AND ACCURATELY IN NEARLY ALL PRACTICAL AND SOCIAL SITUATIONS; I CAN CONVERSE IN MOST FIELDS WITH WHICH I AM FAMILIAR AND I EMPLOY SOME POPULAR SAYINGS, LITERARY QUOTATIONS, AND COMMON PROVERBS.
3.	I GET ALONG QUITE WELL IN SITUATIONS OF DAILY LIFE AND TRAVEL AND CAN CONDUCT ROUTINE BUSINESS IN PARTICULAR FIELDS.
4.	I MANAGE TO GET ALONG IN THE MOST COMMON SITUATIONS OF DAILY LIFE AND TRAVEL.
5.	I HAVE NO ABILITY TO USE THE LANGUAGE IN ANY OF THE ABOVE RESPECTS.
SECTION E. Understanding (44)	
1.	I UNDERSTAND NON-TECHNICAL CONVERSATION ON ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND NEARLY EVERYTHING I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
2.	I UNDERSTAND NON-TECHNICAL CONVERSATION ON NEARLY ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MOST OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES, INCLUDING MOST JOES AND PUNS.
3.	I UNDERSTAND NEARLY ALL CONVERSATION ON TOPICS OF DAILY LIFE AND TRAVEL, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MUCH OF WHAT I HEAR ON THE RADIO, AND AT THE MOVIES, PLAYS, AND LECTURES.
4.	I UNDERSTAND THE SIMPLEST CONVERSATION, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND SOME OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
5.	I AM NOT ABLE TO UNDERSTAND THE SPOKEN LANGUAGE.
BEFORE CONTINUING - CHECK PART II TO ENSURE THAT YOU HAVE CIRCLED ONE NUMBER PER SECTION.	
PART III—EXPERIENCE AS TRANSLATOR OR INTERPRETER (45)	
1.	I HAVE HAD EXPERIENCE AS A TRANSLATOR.
2.	I HAVE HAD EXPERIENCE AS AN INTERPRETER.
3.	BOTH OF THE ABOVE STATEMENTS APPLY.
4.	NONE OF THE ABOVE STATEMENTS APPLY.
PART IV—CERTIFICATION	
<p>I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS CERTIFICATION CONSTITUTES MY APPLICATION FOR A MAINTENANCE AWARD PROVIDED I AM ELIGIBLE UNDER THE TERMS OF REGULATION NO. 25.115, PAR. 1C(4). I UNDERSTAND THAT I MUST PASS AN OBJECTIVE LANGUAGE PROFICIENCY TEST BEFORE I BECOME ELIGIBLE FOR AN AWARD, AND THAT IRRESPECTIVE OF THE DATE OF TESTING, ANNUAL MAINTENANCE AWARDS WILL BE CUMULATIVE AS OF THE ANNIVERSARY DATE OF COMPLETING THIS FORM.</p>	
DATE SIGNED	SIGNATURE
2 April 1957	
(44)	(45)

HEADLINE: 29 Sept. 1952

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ZEHURNO, Charlotte L.  
Name: Last, First Middle

JUL 52

EC

TO: All C. I. A. Personnel

FROM: Personnel Director

SUBJECT: PERSONNEL QUALIFICATION QUESTIONNAIRE

**QUALIFICATIONS**

DATE 10-8-52

1. The Agency is currently revising the system for machine coding employee qualifications, thereby permitting more complete and accurate data on all personnel. The new system will aid in implementing Agency policies on promotion from within by facilitating the selection of personnel with desired education and experience for vacancies which may occur. It is also expected that the new system will provide readily accessible statistics for planning and management purposes.

2. The attached questionnaire is designed to cover adequately those factors in which the Agency is interested. Although the information is, in a large measure, already reflected in previous forms submitted by you, it is felt that your time within the organization may enable you to emphasize those qualifications pertinent to its needs. The questionnaire also serves to bring your education and qualifications record up to date.

3. Your cooperation is requested in completing the questionnaire as thoroughly and accurately as possible and returning it to your Administrative Officer within the time allotted.

*George E. Meloon*  
George E. Meloon  
Personnel Director

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**PERSONNEL QUALIFICATION QUESTIONNAIRE**

1. Serial No. (no entry) <b>7667</b>	2. NAME: (last) (first) (middle) <b>ZEHNING, Charlotte Luise</b>	3. Office <b>FI</b>
4. Date of Birth <b>12 Jan. 1929</b>	5. Sex: <input type="checkbox"/> male (1) <input checked="" type="checkbox"/> female (2)	Martial Status <u><b>a</b></u> Nr. Dependents <u><b>0</b></u>
6. CIA Entry Date: <b>August 1951</b>	7. Citizenship: <input checked="" type="checkbox"/> U.S. <input type="checkbox"/> Other	
8. Acquired By: (1) <input checked="" type="checkbox"/> Birth (2) <input type="checkbox"/> Marriage (3) <input type="checkbox"/> Naturalization (4) <input type="checkbox"/> Other (specify) _____ Year U.S. citizenship acquired, if not by birth _____		

**SEC. I. EDUCATION**

1. Extent: (circle one)

- |  |  |                   |
|--|--|-------------------|
| 1. Less than high school                         | 4. Two years college, or less                          | 8. Masters degree |
| 2. High school graduate                          | 5. Over two years, no degree                           | 9. Doctors degree |
| 3. Trade, Business or Commercial school graduate | <input checked="" type="checkbox"/> 6. Bachelor degree |                   |
|  | 7. Post-graduate study (minimum 8 sem. hrs.)           |                   |

2. College or University Study:

Name and location of College or University	Major	Minor	Dates att'd		Yrs Compl		Degree Recd		Sem Hrs
			From	To	Day	Night	Title	Date	
Syracuse University	Econ.	Span.	9/46	1/50	4		B. A.	1/50	115
San Carlos University	Span.		7/48	9/48					5

3. Trade, Commercial, and Specialized Training:

School	Attendance Dates			Study or Specialization
	From	To	Tot. mo's	
Miami Jacobs Business College	5/50	12/50	7	typing and shorthand

4. Military or Intelligence Training (full time duty as a student in specialized schools such as intelligence, communications, ordnance disposal, command & staff, etc.)

School	Attendance Dates			Study or Specialization
	From	To	Tot. mo's	

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**SEC. II. WORK EXPERIENCE.**

1. **CIA Experience:** State the specific nature of duties performed with CIA and CIG, starting with your present position. Take position titles from your official personnel papers, if you have personal copies. Please do not request your Official Personnel Folder. Include geographic area and subject matter dealt with, if applicable. Position Title is your classification title such as Geographer, Intelligence Officer, etc. Duty Title indicates your organization position such as - Section Chief, Branch Chief, Administrative Assistant, etc., and is to be filled in only if different to the Position Title. Approximate dates (month and year) are sufficient. Use a continuation sheet, if necessary, to adequately describe your duties.

From <u>4/52</u> To <u>      </u> Tot. mos. <u>      </u>	Description of Duties: I have the responsibility of disseminating and routing all reports received from our Station, take appropriate action on reports received from other agencies by forwarding this information to the field or supplying requested data. I inform the field of additional info at Headquarters on individuals and organizations as requested or as deemed necessary. I also maintain Duty Station, if overseas: two CE notebooks.
Grade <u>7</u> Salary <u>\$1207.00</u>	
Office <u>PI/WH/Brazil</u>	
Position	
Title: <u>Intelligence Officer</u>	
Duty	
Title: <u>Reports Officer</u>	
From <u>12/71</u> To <u>4/72</u> Tot. mos. <u>5</u>	Description of Duties:
Grade <u>5</u> Salary <u>\$3410.00</u>	Same as above with a Sub-station. I had less individual responsibility.
Office <u>PI/WH/Brazil</u>	
Position	
Title: <u>Intelligence Officer</u>	
Duty	
Title: <u>Reports Officer</u>	Duty Station, if overseas:
From <u>11/61</u> To <u>      </u> Tot. mos. <u>1</u>	Description of Duties:
Grade <u>5</u> Salary <u>\$3410.00</u>	As a casual I typed dispatches, memoranda, and disseminations for Branch II. I took a limited amount of shorthand.
Office <u>PI/WH/II</u>	
Position	
Title: <u>Secretary (Stenography)</u>	
Duty	
Title:	Duty Station, if overseas:
From <u>9/71</u> To <u>      </u> Tot. mos. <u>1</u>	Description of Duties:
Grade <u>5</u> Salary <u>\$3410.00</u>	I assembled disseminated reports.
Office <u>PI</u>	
Position	
Title: <u>Secretary (Stenography)</u>	
Duty	
Title:	Duty Station, if overseas:

Two months in the pool attending classes and setting up filing system for Russia.  
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**SEC. II. WORK EXPERIENCE (CONT'D.)**

2. Other than CIA: (Describe work experience for the last 15 years in sufficient detail to permit specific coding of your qualifications. Include military work experience. List last position first.)

From <u>1/51</u> To <u>3/51</u> Tot. mo's <u>2</u>	Exact Title of your position
Classification Grade(if in Federal Service) <u>3</u> Salary <u>\$2650.00</u>	Statistical draftsman
Number and Class of Employees Supervised: <u>none</u>	Description of Duties:
Employer <u>Department of Interior</u>	I did statistical drafting, cartography,
Kind of Business or organization (i.e., paper products mfr, public utility)	Mapping of historical and geological areas, typing and other general office work.
	Duty Station if overseas:
From <u>4/50</u> To <u>3/51</u> Tot. mo's <u>11</u>	Exact Title of your position
Classification Grade(if in Federal Service) <u>Salary \$1.10 / hr.</u>	Description of Duties: As an assistant to the executives I was responsible for purchasing stock
Number and Class of Employees Supervised: <u>2 - 6 clerks</u>	for the gift shops and instructing clerks and greenhouse employees. I had full responsibility
Employer <u>U.S. Forest Service, Wash. D.C.</u>	of the books and cash. I made reports on the business and acted as sales clerk for the shops.
Kind of Business or organization (i.e., paper products mfr, public utility) <u>Business and Gift Shops</u>	Duty Station if overseas: <u>and to landscaping buds</u>
From <u>2/50</u> To <u>7/50</u> Tot. mo's <u>4</u>	Exact Title of your position
Classification Grade(if in Federal Service) <u>Salary \$200 / mo.</u>	Assistant Bookkeeper
Number and Class of Employees Supervised:	Description of Duties:
Employer <u>National Peanut Council</u>	I made monthly financial reports, had the responsibility of the books, did typing and other general office work.
Kind of Business or organization (i.e., paper products mfr, public utility) <u>Trade association</u>	Duty Station if overseas:
From <u>6/49</u> To <u>8/49</u> Tot. mo's <u>3</u>	Exact Title of your position
Classification Grade(if in Federal Service) <u>Salary</u>	Description of Duties: I worked one month
Number and Class of Employees Supervised:	in the office of the Chemical Laboratory and two months in the factory.
Employer <u>Fridrichs Co., Gen. Inv.</u>	Duty Station if overseas:
Kind of Business or organization (i.e., paper products mfr, public utility)	Exact Title of your position
From <u>To</u> Tot. mo's	Description of Duties:
Classification Grade(if in Federal Service) <u>Salary</u>	
Number and Class of Employees Supervised:	
Employer	
Kind of Business or organization (i.e., paper products mfr, public utility)	Duty Station if overseas:

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**SEC. II. WORK EXPERIENCE (CONT'D)**

3. Special Work Experience: Check any of the following organizations by which you may have been employed.

- |  |  |
|--|--|
| 01 <input type="checkbox"/> U. S. Secret Service         | 24 <input type="checkbox"/> Air Force A-2                |
| 02 <input type="checkbox"/> Civil Police                 | 25 <input type="checkbox"/> Foreign Economic Admin.      |
| 03 <input type="checkbox"/> Military Police              | 26 <input type="checkbox"/> Counter Intelligence Corps   |
| 04 <input type="checkbox"/> U. S. Border Patrol          | 27 <input type="checkbox"/> Immigration & Naturalization |
| 05 <input type="checkbox"/> U. S. Narcotics Squad        | 28 <input type="checkbox"/> Strategic Services Unit      |
| 06 <input type="checkbox"/> FBI                          | 29 <input type="checkbox"/> Foreign Service, State Dept. |
| 07 <input type="checkbox"/> Criminal Investigation Div.  | 30 <input type="checkbox"/> Central Intelligence Group   |
| 21 <input type="checkbox"/> Office of Naval Intelligence | 31 <input type="checkbox"/> Armed Forces Security Agency |
| 22 <input type="checkbox"/> Office of War Information    | 32 <input type="checkbox"/> Coordinator of Information   |
| 23 <input type="checkbox"/> Army G-2                     | 33 <input type="checkbox"/> Office of Facts & Figures    |
| 20 <input type="checkbox"/> Office of Strategic Services | 34 <input type="checkbox"/> Board of Economic Warfare    |
|  | 35 <input type="checkbox"/> Federal Communications Comm. |

**SEC. III. FOREIGN LANGUAGES**

List below the foreign languages in which you have some competence. Be sure to include uncommon modern languages. Check (X) your competence and how acquired.

LANGUAGE	COMPETENCE					HOW ACQUIRED				
	Equivalent to Native Fluency *	Fluent but obviously Foreign *	Adequate for Research **	Adequate for Travel	Limited Knowledge		Native of Country	Prolonged Residence	Contact (Parents, etc.)	Academic Study (Inc. CIA training)
Spanish		X								X
French				X				X		
Portuguese			X							X

\* If you have checked 'Fluent' for a language that has significant difference in spoken and written form (e.g., Arabic), explain your competence herein \_\_\_\_\_

\*\*Specialized Language Competence: Describe ability to do specialized language work involving vocabularies and terminology in the scientific, engineering, telecommunications, and military fields. List the language with the type of speciality. \_\_\_\_\_

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**SEC. IV. AREA KNOWLEDGE.**

1. List below any foreign countries or regions of which you have knowledge gained as a result of residence, travel or study. Study can mean either academic study, or study of a foreign country resulting from an intelligence, military, commercial or professional work assignment.

Country or Region	Dates of Residence, Study Etc.	Manner in Which Knowledge Was Acquired (check (X) one)		
		Residence	Travel	Study
South America	1 year econ and prog.			X
Guatemala	7/48 to 8/48	X		
Mexico	7/46		X	

2. Specialized Knowledge of Area

List specialized knowledge of foreign country such as knowledge of terrain, coasts and harbors, utilities, railroads, industries, political parties, etc., gained as a result of study or work assignment. Include name of employer or organization.

Country	Type of Knowledge	How and When Gained

**SEC. V. TYPING AND STENOGRAPHIC SKILLS (PRESENT UTILIZATION)**

Skill	Per Cent of Time Used	Not Used	WPM (Approximate Proficiency)	Prefer Assignment Using Skill Oftener
Typing	1. drafts	2.	60	1. Yes 2. X No
Shorthand	1. none	2.	70	1. Yes 2. X No
Shorthand System: 1. X Manual 2. Machine 3. Speedwriting.				

**SEC. VI. LICENSES, HOBBIES, SPECIAL QUALIFICATIONS**

1. Licenses: List any licenses or certification such as teachers, pilot, marine, etc.	2. Hobbies: List any hobbies such as sailing, skiing, writing, or other special qualifications. painting, skiing

**SEC. VII. PROFESSIONAL AND ACADEMIC HONORS**

List any professional or academic associations or honorary societies in which you hold membership.

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**SEC. VIII. PUBLICATIONS**

List below the type of writing (non-fiction: professional or scientific articles, general interest subjects, current events, etc; fiction: novels, short stories, etc.) of any published materials of which you were author or co-author.


**SEC. IX. INVENTIONS**

Describe any devices you have invented as to type of work for which intended and whether patented.

Device	Patented	
	(1) Yes	(2) No
	(1) Yes	(2) No
	(1) Yes	(2) No

**SEC. X. CIA TESTS**

Describe below the type of tests which you have taken in CIA:

Type of Test	Date Taken
typing, shorthand, general intelligence exam	8/1951
exam for reports officer	2/1952

**SEC. XI. PHYSICAL HANDICAPS**

List any physical handicaps you may have.


**SEC. XII. OVERSEAS ASSIGNMENT**

Are you willing to accept periodic tour of duty overseas?

(1) 2 year Tour \_\_\_ (2) 4 year Tour \_\_\_ (3) Not interested \_\_\_

**SEC. XIII. WORK ASSIGNMENT**

In view of your total experience and education, for what assignment in CIA do you think you are best qualified?

I feel I am best qualified for a reports or research position.



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**SEC. XIV. MILITARY STATUS**

<b>1. Present Draft Status</b> Have you registered under the Selective Service Act of 1948? <u>    </u> Yes <u>    </u> No. If yes, indicate your present draft classification <u>                                </u>		
<b>2. Present Reserve or National Guard Status</b> Do you now have Reserve or National Guard Status <u>    </u> Yes <u>    </u> No. If yes, complete the following.		
1. <u>    </u> National Guard 2. <u>    </u> Air National Guard 3. <u>    </u> Active Reserve Status (member of organized unit) 4. <u>    </u> Inactive Reserve Status		
Service <u>                                </u>	Grade <u>                                </u>	Location <u>                                </u>
Reserve Unit with which currently affiliated <u>                                </u>		
Service Mobilization Assignment, if any <u>                                </u>		
Location of Service Records, if known <u>                                </u>		

**SEC. XV. CIA TRAINING**

List the training courses or subjects you have taken while in the CIA.

Course or Subject	(from) Dates (to)	Hours
Orientation course	8-11 Jan 1972	9-12 AM

**SEC. XVI. REMARKS**

Use this space to indicate any other qualifications you may have which you do not describe above.


DATE 18 September 1972

SIGNATURE Charlotte L. Z. [Signature]

**SECRET**  
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## APPLICATION FOR FEDERAL EMPLOYMENT

INSTRUCTIONS: In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type, write or print in INK. In applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a WRITTEN examination, follow the

instructions on the admission card regarding disposition of this application. If you are applying for an UNWRITTEN examination, send this application to the office named in the announcement. Be sure to mail to the same office any other papers required by the announcement. Notify the office with which you file this application of any change in your address.

APPLICATION NO.			
1. NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR			
2. OPTIONS (if mentioned in examination announcement)			
3. PLACE OF EMPLOYMENT APPLIED FOR (City and State)	4. DATE OF THIS APPLICATION		
Washington, D. C.			
5. MR. MRS. MISS (First Name) (Middle) (Maiden, if any) (Last)			
Charlotte L. Zehring			
6. (A) STREET AND NUMBER OR R. D. NUMBER			
1401 - 16th St., N. W.			
(B) CITY OR POST OFFICE (including postal zone) AND STATE			
Washington, D. C.			
7. LEGAL OR USUAL RESIDENCE (State)	8. (A) OFFICE PHONE (B) HOME PHONE		
Ohio	RE 1820 NO 5450		
9. DATE OF BIRTH (month, day, year)	10. <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> SINGLE		
1-12-29			
11. PLACE OF BIRTH (City and State; if born outside U. S., name city and country)			
Dayton, Ohio			
12. <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	13. (A) HEIGHT WITHOUT SHOES (B) WEIGHT		
	5 FEET 8 INCHES 125 POUNDS		
14. (A) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (B) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE			
15. (A) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? \$ _____ PER YEAR You will not be considered for any position with a lower entrance salary. (B) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED, FOR: <input type="checkbox"/> 1 TO 3 MONTHS <input type="checkbox"/> 3 TO 6 MONTHS <input type="checkbox"/> 6 TO 12 MONTHS NOTE: Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a permanent appointment. (C) IF YOU ARE WILLING TO TRAVEL, SPECIFY: <input type="checkbox"/> OCCASIONALLY <input type="checkbox"/> FREQUENTLY <input type="checkbox"/> CONSTANTLY			
16. PRESENT POSITION. It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing officials of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed markedly while working for the same employer, use a separate block to describe each position. You may include any pertinent religious, civic, welfare or organizational activities which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in each activity. Military experience should be described in the spaces below in its proper category. (a) If you were ever employed in any position under a name different from that shown in Item 5 of this application, give under "Description of your work" for each position, the name used. (b) If you have never been employed or are now unemployed, indicate that fact in the space provided below under "Present Position."			
17. PRESENT POSITION			
DATE OF EMPLOYMENT (month, year)	EXACT TITLE OF YOUR PRESENT POSITION	CLASSIFICATION GRADE (if in Federal Service)	SALARY (if stated on starting pay)
FROM: 4-51 TO PRESENT TIME	Statistical Draftsman	3	2050 MAYR.
PLACE OF EMPLOYMENT (City and State)	NAME AND TITLE OF IMMEDIATE SUPERVISOR		
Washington, D. C.	Mrs. Mildred Voorman		
NAME AND ADDRESS OF EMPLOYER (Name, organization, or person, if Federal, name department, bureau or establishment, and division)		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale retail, insurance agency, manufacture of books, etc.)	
Board of Geographical Names Department of Interior			
NUMBER AND KIND OF EMPLOYERS EMPLOYED BY YOU		REASON FOR DESIRING TO CHANGE EMPLOYMENT	
none			
DESCRIPTION OF YOUR WORK			
statistical drafting			
typing			
marking discriptics			

(CONTINUED ON NEXT PAGE)

71-44200-2

16 CONTINUED

② DATES OF EMPLOYMENT (month, year)  
 FROM 5/50 TO 3/51  
 EXACT TITLE OF YOUR POSITION Bookkeeper-Clerk  
 CLASSIFICATION GRADE (if in Federal service)  
 SALARY OR EARNINGS STARTING \$ 1.00 PER hr  
 FINAL \$ 1.10 PER hr

PLACE OF EMPLOYMENT (city and State)

Dayton, Ohio

NAME AND TITLE OF IMMEDIATE SUPERVISOR

Mr. Ray F. McKechnie

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)

San Rae Gardens, R. 2, 11 Dayton 9, Ohio

KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale firm, insurance agency, manufacture of books, etc.)

Nursery and Gift Shoppe

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU

2 - 6 clerks

REASON FOR LEAVING

New Job

DESCRIPTION OF YOUR WORK

Bookkeeper

Clerk

Made reports on stock and ordered wholesale

Made reports for the executives on the business, finances, etc.

③ DATES OF EMPLOYMENT (month, year)

FROM 2/50 TO 5/50

EXACT TITLE OF YOUR POSITION

Asst. Bookkeeper

CLASSIFICATION GRADE (if in Federal service)

SALARY OR EARNINGS

STARTING \$ 2.00 PER mo

FINAL \$ 2.00

PLACE OF EMPLOYMENT (city and State)

Washington, D. C.

NAME AND TITLE OF IMMEDIATE SUPERVISOR

Mr. William F. Seale, Pres.

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)

National Peanut Council

1111 Dupont Circle, N.W., Washington, D. C.

KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale firm, insurance agency, manufacture of books, etc.)

Trade Association

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU

none

REASON FOR LEAVING

New Job

DESCRIPTION OF YOUR WORK

Bookkeeping

Filing

General office work

Financial reports

④ DATES OF EMPLOYMENT (month, year)

FROM 6/47 TO 8/47

EXACT TITLE OF YOUR POSITION

CLASSIFICATION GRADE (if in Federal service)

SALARY OR EARNINGS

STARTING \$ PER

FINAL \$ PER

PLACE OF EMPLOYMENT (city and State)

Dayton, Ohio

NAME AND TITLE OF IMMEDIATE SUPERVISOR

Mr. Herbert Hauldorman Personnel

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person; if Federal, name department, bureau or establishment, and division)

Fridolite, Plant 2 Dayton 9, O

KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale firm, insurance agency, manufacture of books, etc.)

Manuf. of Fridolite

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU

none

REASON FOR LEAVING

return to college

DESCRIPTION OF YOUR WORK

Secretary in Chemical Lab.

Worked in factory



24 REFERENCES: List three persons living in the United States or Territories of the United States who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Give the full names of supervisors listed under Item 14 (EXPERIENCE).

FULL NAME	25 HOME ADDRESS OR HOME ADDRESS (Give complete current address, including street and number)	BUSINESS OR OCCUPATION
1. Mr. John Lewis	Oakwood High School, Dayton 9, O.	Principal
2. Miss Theodosia Moran	Cazenovia R. D. 2, N. Y.	Teacher
3. Mr. Harry Schwartz	Univ. of Syracuse, Syracuse, N. Y.	Professor

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
25. HAS INQUIRY BE MADE OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER, QUALIFICATIONS, ETC.	X		29. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY OR MUNICIPALITY?		X
26. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?	X		30. ARE THE UNITED STATES GOVERNMENT EMPLOY IN A CIVILIAN CAPACITY ANY RELATIVE OF YOURS (BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS?		X
27. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U. S. A. OR ANY COMMUNIST ORGANIZATION?		X	31. IF YOUR ANSWER TO "Yes," show in Item 39 for EACH such relative (1) full name; (2) present address; (3) relationship; (4) Department or Agency by which employed; and (5) kind of appointment.		
28. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?		X	<b>SPECIAL INSTRUCTIONS FOR CLAIMING VETERAN PREFERENCE</b> A. If you are claiming preference as a PEACETIME VETERAN who has been awarded a campaign badge or service ribbon, or as a DISABLED VETERAN, or as the WIFE OF A DISABLED VETERAN, or as the WIDOW OF A WAR OR CAMPAIGN VETERAN, attach Veteran Preference Claim, CSC Form 14, together with proof specified therein. B. If you are a WAR-TIME VETERAN not claiming disability preference, you should NOT submit your discharge with this application. Preference will be tentatively credited to you and if appointed, you will be required to submit to the appointing officer prior to entry on duty, official evidence of separation from active service in the armed forces of the United States in time of war.		

29. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH ADVOCATES THE ESTABLISHMENT OF OR CONSTITUTIONAL FORM OF GOVERNMENT, OR OF AN ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH HAS ADOPTED A MANIFESTO OF ADVOCATING OR APPROVING THE COMMISSIONING OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR OF SEEKING TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?

If your answer to question 27, 28, or 29 above is "yes," state in Item 39 the names of all such organizations, associations, movements, groups, or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities therein.

30. SINCE YOUR 16TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING OR CONVICTED, FINED OR IMPRISONED OR PLACED ON PROBATION OR HAVE YOU EVER BEEN CRIMINALLY OR COLLATERALLY FOR THE VIOLATION OF THE LAW POLICE REGULATION OR ORDINANCE (EXCLUDING MINOR TRAFFIC VIOLATIONS FOR WHICH A FINE OR FORTUITUNE OF \$25 OR LESS WAS IMPOSED)?

If your answer is "Yes," list all such cases under Item 39 below. Give in each case (1) the date; (2) the nature of the offense or violation; (3) the name and location of the court; (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken.

31. HAVE YOU EVER BEEN BARRED BY THE U. S. CIVIL SERVICE COMMISSION FROM EMPLOYMENT OR RECEIVING CIVIL SERVICE APPOINTMENT?

If your answer is "Yes," give date of and reasons for such bar in Item 39.

32. HAVE YOU ANY PHYSICAL, MENTAL, DISEASE, OR OTHER DISABILITY WHICH COULD BE CONSIDERED AS A DISABILITY TO YOUR WORK?

If your answer is "Yes," give complete details in Item 39 so that consideration can be given to your physical fitness for the job.

33. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR PROVINCE OF COLUMBIA GOVERNMENT UNDER THE RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE?

If your answer is "Yes," give complete details in Item 39.

34. SPACE FOR ANSWERS TO OTHER QUESTIONS (Indicate item numbers to which answers apply)

ITEM NO. (Write in)

(Write in)

If more space is required, use pages the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.

Before signing this application check back over it to make sure that you have answered ALL questions correctly. I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

False statement on this application is punishable by Law (U. S. Code, Title 18, Section 40).

SIGNATURE OF APPLICANT: *Charles E. K. Johnson*

Place date of birth, LINK (last 3), and official title, and address. If female, give name of husband and his name as "Mrs. Mary L. (last name)".

As of 5 July, 1951, Subject's  
Washington address is

3817 Davis place, N.W.  
phone - ORduay 1618

## PERSONAL HISTORY STATEMENT

**Instructions:** 1. Answer all questions completely. If question is not applicable write "NA." Write "unknown" only if you do not know the answer and cannot obtain the answer from personal records. Use the blank pages at the end of this form for extra details on any question or questions for which you do not have sufficient room.

2. Type, print, or write carefully; illegible or incomplete forms will not receive consideration.

HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS? yes  
(Yes or No)

### SEC. 1. PERSONAL BACKGROUND

Telephone:  
Office RE 1820  
Ext. 4691  
Home NO 5450

A. FULL NAME Miss Charlotte Louise Zehrung  
(Last) (First) (Middle) (Last)

PRESENT ADDRESS 1401-16th St., N. W. Washington, D. C. USA  
(St. and Number) (City) (State) (Country)

PERMANENT ADDRESS San Rae Gardens Dayton 9, Ohio RR-11 USA  
(St. and Number) (City) (State) (Country)

B. NICKNAME Sherry WHAT OTHER NAMES HAVE YOU USED? none

UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE NAMES? started to use it at school

HOW LONG? 5 YES IF A LEGAL CHANGE, GIVE PARTICULARS

C. DATE OF BIRTH 1/12/29 PLACE OF BIRTH Dayton Ohio USA  
(City) (State) (Country)

D. PRESENT CITIZENSHIP USA BY BIRTH? yes BY MARRIAGE? no  
(Country)

BY NATURALIZATION CERTIFICATE NO. no ISSUED no BY no  
(Date) (Country)

AT no  
(City) (State) (Country)

HAVE YOU HAD A PREVIOUS NATIONALITY? no  
(Yes or No) (Country)

HELD BETWEEN WHAT DATES? no TO no ANY OTHER NATIONALITY? no  
(Country)

GIVE PARTICULARS

HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP? no GIVE PARTICULARS:

(2)

E. IF BORN OUTSIDE U. S. WHEN DID YOU FIRST ARRIVE IN THIS COUNTRY? \_\_\_\_\_

PORT OF ENTRY? \_\_\_\_\_ ON PASSPORT OF WHAT COUNTRY? \_\_\_\_\_

LAST U. S. VISA \_\_\_\_\_

(Number)

(Type)

(Place of Issue)

(Date of Issue)

**SEC. 2. PHYSICAL DESCRIPTION**

AGE 22 SEX F HEIGHT 5' 8" WEIGHT 125

EYES blue HAIR brown COMPLEXION med. SCARS none

BUILD slender OTHER DISTINGUISHING FEATURES \_\_\_\_\_

**SEC. 3. MARITAL STATUS**

A. SINGLE ☒ MARRIED \_\_\_\_\_ DIVORCED \_\_\_\_\_ WIDOWED \_\_\_\_\_

STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS \_\_\_\_\_

B. WIFE OR HUSBAND (IF YOU HAVE BEEN MARRIED MORE THAN ONCE—INCLUDING ANNULMENTS—USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND GIVING DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.)

NAME OF SPOUSE \_\_\_\_\_

(First)

(Middle)

(Surname)

(Last)

PLACE AND DATE OF MARRIAGE \_\_\_\_\_

HIS (OR HER) ADDRESS BEFORE MARRIAGE \_\_\_\_\_

(St. and Number)

(City)

(State)

(Country)

LIVING OR DECEASED \_\_\_\_\_ DATE OF DECEASE \_\_\_\_\_ CAUSE \_\_\_\_\_

PRESENT, OR LAST, ADDRESS \_\_\_\_\_

(St. and Number)

(City)

(State)

(Country)

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

(City)

(State)

(Country)

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY \_\_\_\_\_

CITIZENSHIP \_\_\_\_\_ WHEN ACQUIRED? \_\_\_\_\_ WHERE? \_\_\_\_\_

(City)

(State)

(Country)

OCCUPATION \_\_\_\_\_ LAST EMPLOYER \_\_\_\_\_

EMPLOYER'S OR BUSINESS ADDRESS \_\_\_\_\_

(St. and Number)

(City)

(State)

(Country)

MILITARY SERVICE FROM \_\_\_\_\_ TO \_\_\_\_\_ BRANCH OF SERVICE \_\_\_\_\_

(Date)

(Date)

COUNTRY \_\_\_\_\_ DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN \_\_\_\_\_



SEC. 4. CHILDREN OR DEPENDENTS (Include partial dependents): none

1. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country)  
2. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country)  
3. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country)

SEC. 5. FATHER (Give the same information for stepfather and/or guardian on a separate sheet)

FULL NAME Samuel Danford Zehring  
(First) (Middle) (Last)  
LIVING OR DECEASED living DATE OF DECEASE \_\_\_\_\_ CAUSE \_\_\_\_\_  
PRESENT, OR LAST, ADDRESS San Rae Gardens, Dayton 9, Ohio USA  
(St. and Number) (City) (State) (Country)  
DATE OF BIRTH 1/23/1892 PLACE OF BIRTH Roseville, Ohio USA  
(City) (State) (Country)  
IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY \_\_\_\_\_  
CITIZENSHIP USA WHEN ACQUIRED? birth WHERE? \_\_\_\_\_  
(City) (State) (Country)  
OCCUPATION Landscape Architect LAST EMPLOYER own employer - over 20 yrs.  
EMPLOYER'S OR OWN BUSINESS ADDRESS San Rae Gardens, Dayton 9, Ohio USA  
(St. and Number) (City) (State) (Country)  
MILITARY SERVICE FROM \_\_\_\_\_ TO \_\_\_\_\_ BRANCH OF SERVICE \_\_\_\_\_  
(Date) (Date)  
COUNTRY \_\_\_\_\_ DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN \_\_\_\_\_

SEC. 6. MOTHER (Give the same information for stepmother on a separate sheet)

FULL NAME Hazel Charlotte Jackson Zehring  
(First) (Middle) (Last)  
LIVING OR DECEASED living DATE OF DECEASE \_\_\_\_\_ CAUSE \_\_\_\_\_  
PRESENT, OR LAST, ADDRESS San Rae Gardens, Dayton 9, Ohio USA  
(St. and Number) (City) (State) (Country)  
DATE OF BIRTH 10/17/1896 PLACE OF BIRTH Montague, Michigan USA  
(City) (State) (Country)  
CITIZENSHIP USA WHEN ACQUIRED? birth WHERE? \_\_\_\_\_  
(City) (State) (Country)  
IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY \_\_\_\_\_

(4)

OCCUPATION housewife LAST EMPLOYER Detroit Board of Education 1927  
EMPLOYER'S OR OWN BUSINESS ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country)  
MILITARY SERVICE FROM \_\_\_\_\_ TO \_\_\_\_\_ BRANCH OF SERVICE \_\_\_\_\_  
COUNTRY \_\_\_\_\_ DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN \_\_\_\_\_

SEC. 7. BROTHERS AND SISTERS (Including half-, step-, and adopted brothers and sisters):

1. FULL NAME Nancy Zehring AGE 21  
(First) (Middle) (Last)  
PRESENT ADDRESS Verity Hall, Middletown Hospital, Middletown, Ohio, USA  
(St. and Number) (City) (State) (Country) (Citizenship)  
2. FULL NAME Dorothy Jon Zehring AGE 17  
(First) (Middle) (Last)  
PRESENT ADDRESS San Rae Gardens, Dayton 9, Ohio USA  
(St. and Number) (City) (State) (Country) (Citizenship)  
3. FULL NAME Mary Elizabeth Zehring AGE 15  
(First) (Middle) (Last)  
PRESENT ADDRESS San Rae Gardens, Dayton 9, Ohio USA  
(St. and Number) (City) (State) (Country) (Citizenship)  
4. FULL NAME \_\_\_\_\_ AGE \_\_\_\_\_  
(First) (Middle) (Last)  
PRESENT ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country) (Citizenship)  
5. FULL NAME \_\_\_\_\_ AGE \_\_\_\_\_  
(First) (Middle) (Last)  
PRESENT ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country) (Citizenship)

SEC. 8. FATHER-IN-LAW

FULL NAME \_\_\_\_\_  
(First) (Middle) (Last)  
LIVING OR DECEASED \_\_\_\_\_ DATE OF DECEASE \_\_\_\_\_ CAUSE \_\_\_\_\_  
PRESENT, OR LAST, ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country)  
DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY \_\_\_\_\_  
CITIZENSHIP \_\_\_\_\_ WHEN ACQUIRED? \_\_\_\_\_ WHERE? \_\_\_\_\_  
(City) (State) (Country)  
OCCUPATION \_\_\_\_\_ LAST EMPLOYER \_\_\_\_\_

SEC. 9. MOTHER-IN-LAW

FULL NAME .....  
(First) (Middle) (Last)  
 LIVING OR DECEASED ..... DATE OF DECEASE ..... CAUSE .....  
 PRESENT, OR LAST, ADDRESS .....  
(St. and Number) (City) (State) (Country)  
 DATE OF BIRTH ..... PLACE OF BIRTH .....  
 IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY .....  
 CITIZENSHIP ..... WHEN ACQUIRED? ..... WHERE? .....  
(City) (State) (Country)  
 OCCUPATION ..... LAST EMPLOYER .....

SEC. 10. RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO EITHER LIVE ABROAD OR WHO ARE NOT CITIZENS OF THE UNITED STATES:

1. NAME Col. Paul Zehrung RELATIONSHIP cousin AGE 38  
 CITIZENSHIP USA ADDRESS HI USA FE, APO 633 Post Master  
(St. and Number) (City) (State) (Country)  
 2. NAME distant relatives in Sweden RELATIONSHIP N.Y., N.Y.  
Grandparents on Mother's side came from Sweden AGE N.Y.  
 CITIZENSHIP ..... ADDRESS .....  
(St. and Number) (City) (State) (Country)  
 3. NAME ..... RELATIONSHIP ..... AGE .....  
 CITIZENSHIP ..... ADDRESS .....  
(St. and Number) (City) (State) (Country)

SEC. 11. RELATIVES BY BLOOD OR MARRIAGE IN THE MILITARY OR CIVIL SERVICE OF THE U. S. OR OF A FOREIGN GOVERNMENT:

1. NAME Col. Paul Zehrung RELATIONSHIP cousin AGE 38  
 CITIZENSHIP USA ADDRESS HI USA FE, APO 633 Post Master  
(St. and Number) (City) (State) (Country)  
 TYPE AND LOCATION OF SERVICE (IF KNOWN) Director of Maintenance HI USA FE  
 2. NAME Major Jack Macklin RELATIONSHIP cousin AGE 31  
 CITIZENSHIP USA ADDRESS Washington, D. C. USA  
(St. and Number) (City) (State) (Country)  
 TYPE AND LOCATION OF SERVICE (IF KNOWN) Pentagon, Washington, D. C.  
 3. NAME Mrs. Elsie Dickert RELATIONSHIP Aunt AGE 55  
 CITIZENSHIP USA ADDRESS 314 N 29th St. Billings, Mont. USA  
(St. and Number) (City) (State) (Country)  
 TYPE AND LOCATION OF SERVICE (IF KNOWN) Social work - Dept. of Interior

(6)

## SEC. 12. POSITION DATA

A. KIND OF POSITION APPLIED FOR Administrative position with Latin America, Economist, Statistician, or temporarily as a Stanographer.

B. WHAT IS THE LOWEST ANNUAL ENTRANCE SALARY YOU WILL ACCEPT? \$ 3,100  
(You Will Not Be Considered For Any Position With A Lower Entrance Salary.)

C. IF YOU ARE WILLING TO TRAVEL, SPECIFY: OCCASIONALLY X  
FREQUENTLY \_\_\_\_\_, CONSTANTLY \_\_\_\_\_

D. CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED: IN WASHINGTON, D. C. X  
ANYWHERE IN THE UNITED STATES \_\_\_\_\_, OUTSIDE THE UNITED STATES X

E. IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, SPECIFY LOCATIONS:

## SEC. 13. EDUCATION

ELEMENTARY SCHOOL West Carrollton ADDRESS West Carrollton, O. USA  
(City) (State) (Country)

DATES ATTENDED 1933 - 1944 GRADUATE? Yes

HIGH SCHOOL Oakwood High School ADDRESS Dayton 9, Ohio USA  
(City) (State) (Country)

DATES ATTENDED 1944 - 1946 GRADUATE? Yes

COLLEGE Syracuse University ADDRESS Syracuse, New York USA  
(City) (State) (Country)

MAJOR AND SPECIALTY Economics & Spanish YEARS COMPLETED 4

DATES ATTENDED 1946 - 1950 DEGREE BA

COLLEGE Universidad de San Carlos ADDRESS Guatemala City, Guatemala C.A.  
(City) (State) (Country)

MAJOR AND SPECIALTY Spanish YEARS COMPLETED 5 credits

DATES ATTENDED summer 1948 DEGREE none given

CHIEF UNDERGRADUATE COLLEGE SUBJECTS economics - statistics

Spanish grammar and literature

CHIEF GRADUATE COLLEGE SUBJECTS \_\_\_\_\_

Sec. 14. ACTIVE U. S. OR FOREIGN MILITARY SERVICE none

(Country) (Service) (Rank) (Dates of Service)  
(Last Station) (Serial Number) (Type of Discharge)

REMARKS:

SELECTIVE SERVICE BOARD NUMBER ADDRESS

IF DEFERRED GIVE REASON

INDICATE MEMBERSHIP IN MILITARY RESERVE ORGANIZATIONS

Sec. 15. CHRONOLOGICAL HISTORY OF EMPLOYMENT FOR PAST 15 YEARS. ACCOUNT FOR ALL PERIODS. INCLUDE CASUAL EMPLOYMENT. INCLUDE ALSO PERIODS OF UNEMPLOYMENT. GIVE ADDRESSES AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT. LIST LAST POSITION FIRST. (List all civilian employment by a foreign government, regardless of dates.)

FROM 4/51 TO CLASSIFICATION GRADE 3  
(IF IN FEDERAL SERVICE)

EMPLOYING FIRM OR AGENCY Board of Geographic Names  
Interior Bldg.

ADDRESS C & 18th Sts., N. W. Washington, D. C. USA  
(St. and Number) (City) (State) (Country)

KIND OF BUSINESS NAME OF SUPERVISOR Mrs. Mildred Moorman

TITLE OF JOB Statistical Draftsman SALARY: 2.00 PER YR.

YOUR DUTIES drawing descriptions, drafting, typing

REASONS FOR LEAVING better position more in my interests

FROM 5/50 TO 4/51 CLASSIFICATION GRADE  
(IF IN FEDERAL SERVICE)

EMPLOYING FIRM OR AGENCY San Roe Gardens, Inc.

ADDRESS Box 240 Dayton 9, R. R. 11 Ohio USA  
(St. and Number) (City) (State) (Country)

KIND OF BUSINESS nursery NAME OF SUPERVISOR Ray McKeechie

TITLE OF JOB clerk SALARY: 1.10 PER hr.

YOUR DUTIES bookkeeping, typing, clerking, making financial reports, ordering wholesale, making floral arrangements

REASONS FOR LEAVING to take a job more in line with my training

(8)

FROM 2/50 TO 5/50 CLASSIFICATION GRADE  
(IF IN FEDERAL SERVICE)

EMPLOYING FIRM OR AGENCY National Peanut Council  
 ADDRESS 1111 Dupont Circle Building, Washington, D. C. USA  
(St. and Number) (City) (State) (Country)  
 KIND OF BUSINESS Trade Assoc. NAME OF SUPERVISOR Mr. William F. Seals  
 TITLE OF JOB Asst. Bookkeeper SALARY \$ 200 PER mo.  
 YOUR DUTIES bookkeeping, filing, general office work, financial reports

REASONS FOR LEAVING return home to help my father in his business

FROM 6/47 TO 8/47 CLASSIFICATION GRADE  
(IF IN FEDERAL SERVICE)

EMPLOYING FIRM OR AGENCY Frigitaira, General Motors  
 ADDRESS Plant # 2 Dayton 9, Ohio USA  
(St. and Number) (City) (State) (Country)  
 KIND OF BUSINESS manuf. NAME OF SUPERVISOR Mr. Herbert Halderman  
 TITLE OF JOB \_\_\_\_\_ SALARY \$ \_\_\_\_\_ PER \_\_\_\_\_  
 YOUR DUTIES office work in the chemical laboratories  
work in the factory proper

REASONS FOR LEAVING return to college

FROM 4-48 TO 5-48 CLASSIFICATION GRADE  
(IF IN FEDERAL SERVICE)

EMPLOYING FIRM OR AGENCY Grants 5/10 Store  
 ADDRESS Syracuse, New York USA  
(St. and Number) (City) (State) (Country)  
 KIND OF BUSINESS 35274 NAME OF SUPERVISOR \_\_\_\_\_  
 TITLE OF JOB clerk SALARY \$ \_\_\_\_\_ PER \_\_\_\_\_  
 YOUR DUTIES waited on customers in the flower department

REASONS FOR LEAVING just a part-time temporary position for Easter

SEC. 16. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION? HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCES WHICH YOU DESIRE TO EXPLAIN? GIVE DETAILS:

NO

SEC. 17. GENERAL QUALIFICATIONS

A. FOREIGN LANGUAGES (STATE DEGREE OR PROFICIENCY AS "SLIGHT," "FAIR," OR "FLUENT")

LANGUAGE Spanish SPEAK fluent READ fluent WRITE fluent

LANGUAGE French SPEAK slight READ fair WRITE fair

LANGUAGE SPEAK READ WRITE

B. LIST ALL SPORTS AND HOBBIES WHICH INTEREST YOU; INDICATE DEGREE OF PROFICIENCY IN EACH:

Art-drawing, painting, crafts, studied at school - good

Swimming, good; Reading; Knitting, good; Basketball, fair;

tennis, fair

C. HAVE YOU ANY QUALIFICATIONS, AS A RESULT OF TRAINING OR EXPERIENCE, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION?

I have spent a summer in Guatemala, living with a Guatemalan family, learning the life and ways of a Spanish family and city.

I have quite a complete knowledge of the florist business from helping my father over a period of about 8 years.

D. LIST ANY SPECIAL SKILLS YOU POSSESS AND MACHINES AND EQUIPMENT YOU CAN USE, SUCH AS OPERATION OF SHORT-WAVE RADIO, MULTILITH, COMPTOMETER, KEY PUNCH, TURRET LATHE, SCIENTIFIC OR PROFESSIONAL DEVICES:

calculator

APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPING 60. SHORTHAND 70

(19)

E. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION, SUCH AS PILOT, ELECTRICIAN, RADIO OPERATOR, TEACHER, LAWYER, CPA, ETC. NO

IF YES, INDICATE KIND OF LICENSE AND STATE \_\_\_\_\_

FIRST LIC. OR CERTIFICATE (YR) \_\_\_\_\_ LATEST LIC. OR CERTIFICATE (YR) \_\_\_\_\_

F. GIVE ANY SPECIAL QUALIFICATIONS NOT COVERED ELSEWHERE IN YOUR APPLICATION SUCH AS:

- (1) YOUR MORE IMPORTANT PUBLICATIONS (DO NOT SUBMIT COPIES UNLESS REQUESTED)
- (2) YOUR PATENTS OR INVENTIONS
- (3) PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE.
- (4) HONORS AND FELLOWSHIPS RECEIVED

3-I did a lot of extemp and declamation work in public speaking

contests in high school. I am a member of the National Forensic  
League.

4-I received a partial scholarship from Chapel at Syracuse

University

G. HAVE YOU A PHYSICAL HANDICAP, DISEASE, OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK? IF ANSWER IS "YES," EXPLAIN:

NO

H. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? IF ANSWER IS "YES," GIVE COMPLETE DETAILS:

NO



SEC. 18. GIVE FIVE CHARACTER REFERENCES—IN THE U. S.—WHO KNOW YOU INTIMATELY—(Give residence and business addresses where possible.)

	Street and Number	City	State
1. Mr. John Lewis	BUS. ADD. Oakwood High School,	Dayton	Ohio
	RES. ADD. NA		
2. Mr. Herbert Holderman	BUS. ADD. Frigidaire Plant 2,	Dayton 9	Ohio
	RES. ADD. 11 Winding Way,	Dayton 9	Ohio
3. Mr. Albert F. Kuhl, M.D.	BUS. ADD. Harries Bldg.	Dayton	Ohio
	RES. ADD. NA		
4. Mr. George Pohlmeier	BUS. ADD. NA		
	RES. ADD. 96 Winding Way,	Dayton	Ohio
5. Miss Katherine Smith	BUS. ADD. NA		
	RES. ADD. 59 Wiltshire	Dayton 9	Ohio

SEC. 19. NAMES OF FIVE PERSONS WHO KNOW YOU SOCIALLY IN THE UNITED STATES—NOT REFERENCES, RELATIVES, SUPERVISORS, OR EMPLOYERS—(Give residence and business addresses where possible.)

	Street and Number	City	State
1. Miss Theodosia Moran	BUS. ADD. NA		
	RES. ADD. R. R. 2	Cazanovia	N. Y.
2. Mrs. Ed Eastin	BUS. ADD. San Rae Gardens	Dayton 9	Ohio
	RES. ADD. Pease Ave.,	West Carrollton	Ohio
3. Miss Betty Hollis	BUS. ADD. Arlington Arx,	Arlington	Va.
	RES. ADD. 1401-16th St.,	N. W. Washington	DC
4. Mr. Harry Schwartz	BUS. ADD. Univ. of Syracuse,	Syracuse	N. Y.
	RES. ADD. NA		
5. Mr. Walter Bohm	BUS. ADD. Winter's National bank,	Dayton	O.
	RES. ADD. 259 Greenmont Blvd.	Dayton 9	O.

SEC. 20. GIVE THREE NEIGHBORS AT YOUR LAST NORMAL RESIDENCE IN THE U. S.—(Give residence and business addresses where possible.)

	Street and Number	City	State
1. Mr. Ray F. McKechnie	BUS. ADD. San Rae Gardens,	Dayton 9	Ohio
	RES. ADD. same		R. R. 11
2. Miss Sheila Dewey	BUS. ADD. NA		
	RES. ADD. Box 303	Sponcer	N. Y.
3. Miss Marilyn Morris	BUS. ADD. NA		
	RES. ADD. 611 Abbott St.	Highland Park	N. J.

School neighbors {

SEC. 21. FINANCIAL BACKGROUND

A. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? Yes IF NOT, STATE SOURCES OF OTHER INCOME

B. NAMES AND ADDRESSES OF BANKS WITH WHICH YOU HAVE ACCOUNTS

West Carrollton Bank—West Carrollton, Ohio

Washington Loan and Trust Co., Washington, D. C.

C. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? no  
GIVE PARTICULARS, INCLUDING COURT: \_\_\_\_\_

D. GIVE THREE CREDIT REFERENCES--IN THE U. S.

1. NAME Meridian Hill Hotel ADDRESS 2601-16th St. NW Washington DC  
(St. and Number) (City) (State) (Country)  
2. NAME Mrs. Blick ADDRESS 1401-16th St. NW Washington DC  
(St. and Number) (City) (State) (Country)  
3. NAME Delta Gamma Sorority ADDRESS 901 Walnut Ave., Syracuse NY.  
(St. and Number) (City) (State) (Country)

SEC. 22. RESIDENCES FOR THE PAST 15 YEARS

FROM 4-1-51 TO Present 1401-16th St., N.W. Washington, D.C. USA  
(St. and number) (City) (State) (Country)  
FROM 5-50 TO 4-51 San Rae Gardens, Dayton 9, Ohio USA  
(St. and number) (City) (State) (Country)  
FROM 2-50 TO 5-50 2601-16th St., NW Washington, D.C. USA  
(St. and number) (City) (State) (Country)  
FROM 9-48 TO 2-50 901 Walnut Ave., Syracuse, N. Y. USA  
(St. and number) (City) (State) (Country)  
FROM 9-46 TO 9-48 two cottages of Syracuse Univ, Syracuse USA  
(St. and number) (City) (State) (Country)  
FROM 7-48 TO 8-48 9 C.P. # 30 Guatemala City, Guatemala  
(St. and number) (City) (State) (Country)  
FROM time before this TO San Rae Gardens, Dayton 9, Ohio USA  
(St. and number) (City) (State) (Country)  
FROM \_\_\_\_\_ TO \_\_\_\_\_  
(St. and Number) (City) (State) (Country)

SEC. 23. RESIDENCE OR TRAVEL OUTSIDE OF THE UNITED STATES

A. FROM 7-46 TO --- Mexico City Mexico tourist  
(City or section) (Country) (Purpose)  
FROM 7-48 TO 8-48 Guatemala City Guatemala student  
(City or section) (Country) (Purpose)  
FROM \_\_\_\_\_ TO \_\_\_\_\_  
(City or section) (Country) (Purpose)  
FROM \_\_\_\_\_ TO \_\_\_\_\_  
(City or section) (Country) (Purpose)  
FROM \_\_\_\_\_ TO \_\_\_\_\_  
(City or section) (Country) (Purpose)

SEC. 24. CLUBS, SOCIETIES, AND OTHER ORGANIZATIONS

LIST NAMES AND ADDRESSES OF ALL CLUBS, SOCIETIES, PROFESSIONAL SOCIETIES, EMPLOYEE GROUPS, ORGANIZATIONS OF ANY KIND (INCLUDE MEMBERSHIP IN, OR SUPPORT OF, ANY ORGANIZATION HAVING HEADQUARTERS OR BRANCH IN A FOREIGN COUNTRY) TO WHICH YOU BELONG OR HAVE BELONGED:

1. Delta Gamma - Phi 901 Walnut Ave., Syracuse, N. Y. USA  
(Name and Chapter) (St. and Number) (City) (State) (Country)  
DATES OF MEMBERSHIP: 1947-50 active - 1950 to present inactive
2. Spanish Club Syracuse Univ., Syracuse, N. Y. USA  
(Name and Chapter) (St. and Number) (City) (State) (Country)  
DATES OF MEMBERSHIP: 1947 - 8 - 9
3. Economics Club Syracuse Univ., Syracuse, N. Y. USA  
(Name and Chapter) (St. and Number) (City) (State) (Country)  
DATES OF MEMBERSHIP: 1948 - 9 - 50
4. Westminster Presbyterian Church Dayton 9, Ohio USA
5. Brownies Grade School West Carrollton, Ohio USA

10. Girl Scouts - High School - West Carrollton, Ohio USA
11. Homeaddon - Westminster Presbyterian Church - Dayton 9, O. USA  
1943-4
12. Alumni Association of Syracuse Univ, Syracuse, N. Y. USA  
1950-
4. International Relations Club - Syracuse Univ, Syracuse N.Y. USA  
(Name and Chapter) (St. and Number) (City) (State) (Country)
- DATES OF MEMBERSHIP: 1946-7-8-9
2. 2nd & 1st Cabinet - Chapel - Syracuse Univ., Syracuse, N.Y. USA  
(Name and Chapter) (St. and Number) (City) (State) (Country)
- DATES OF MEMBERSHIP: 1948-9
6. National Forensic League - Oakwood High School, Dayton 9, O. USA  
(Name and Chapter) (St. and Number) (City) (State) (Country)
- DATES OF MEMBERSHIP: 1945-6 active
7. Sigma Theta Phi - Dayton 9, Ohio USA high school sorority  
(Name and Chapter) (St. and Number) (City) (State) (Country)
- DATES OF MEMBERSHIP: 1945-6

#### Sec. 25. MISCELLANEOUS

A. DO YOU ADVOCATE OR HAVE YOU EVER ADVOCATED; OR ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF, OR HAVE YOU SUPPORTED, ANY POLITICAL PARTY OR ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT IN THE UNITED STATES?

NO

IF "YES," EXPLAIN:

B. DO YOU USE, OR HAVE YOU USED, INTOXICANTS? YES IF SO, TO WHAT  
an occasional drink at dinners and parties  
EXTENT?

C. HAVE YOU EVER BEEN ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF LAW OTHER THAN A MINOR TRAFFIC VIOLATION? IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, NATURE OF OFFENSE AND DISPOSITION OF CASE:

NO

D. HAVE YOU EVER BEEN COURT-MARTIALED WHILE A MEMBER OF THE ARMED FORCES? IF ANSWER IS "YES," GIVE DETAILS BELOW:

NO

E. LIST BELOW THE NAMES OF GOVERNMENT DEPARTMENTS, AGENCIES OR OFFICES TO WHICH YOU HAVE APPLIED FOR EMPLOYMENT SINCE 1940:

NPA & DPA; Atomic Energy Commission; Council of  
Economic Advisors; Board of Geographic Names

(14)

F. IF, TO YOUR KNOWLEDGE, ANY OF THE ABOVE HAS CONDUCTED AN INVESTIGATION OF YOU, INDICATE BELOW THE NAME OF THAT AGENCY AND THE APPROXIMATE DATE OF THE INVESTIGATION:

Board of Geographic Names 4-1-51

SEC. 26. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME Samuel D. Zehrung RELATIONSHIP father

ADDRESS San Rae Gardens, R. R. 11 Dayton 9, Ohio USA  
(St. and Number) (City) (State) (Country)

SEC. 27. YOU ARE INFORMED THAT THE CORRECTNESS OF ALL STATEMENTS MADE HEREIN WILL BE INVESTIGATED.

ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE NOT MENTIONED ABOVE WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION? IF SO, DESCRIBE. IF NOT, ANSWER "NO."

NO

SEC. 28. I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR IMMEDIATE DISMISSAL OR REJECTION OF MY APPLICATION.

SIGNED AT Washington, D. C. DATE May 25, 1951  
(City and State)

Betty L. Hallie  
(Witness)

Charlotte L. Zehrung  
(Signature of Applicant)

USE THE FOLLOWING PAGES FOR EXTRA DETAILS. NUMBER ACCORDING TO THE NUMBER OF THE QUESTION TO WHICH THEY RELATE. SIGN YOUR NAME AT THE END OF THE ADDED MATERIAL. IF ADDITIONAL SPACE IS REQUIRED USE EXTRA PAGES THE SAME SIZE AS THESE AND SIGN EACH SUCH PAGE.

Sec. 11 - Mr. J. J. Zehrung, Sr. Unclo. 61

USA 1210 Wilson Dr., Dayton, Ohio USA

Mechanical Engineer - Wright Air Field,

Dayton, Ohio

CONFIDENTIAL  
SECURITY APPROVAL

*File  
med*

Date: 16 Oct. 1951

*70T-22  
Dm*  
To: Chief, Covert Personnel Division

Your Reference: L2419

From: Chief, Security Division

Case Number: 56840

SUBJECT: ZEHRUNG, Charlotte Louise

1. This is to advise you of security action in the subject case as indicated below:

- ☒ Security approval is granted the subject person for access to classified information.
- ☐ Provisional clearance for full duty with CIA is granted under the provisions of Paragraph D of Regulation 10-9 which provides for a temporary appointment pending completion of full security investigation.
- ☐ The Director of Central Intelligence has granted a provisional clearance for full duty with CIA under the provisions of Paragraph H of Regulation 10-9.

2. Unless the subject person enters on duty within 60 days from the above date, this approval becomes invalid.

3. Subject is to be polygraphed as part of the ZCD procedures.

*m-l  
25 Oct  
100  
Pool net  
10/18  
Av. net.  
10/18*



CONFIDENTIAL

*DM*

70T-23  
CONFIDENTIAL

INTEROFFICE MEMORANDUM

Date: 4 August 1951

TO: Chief, Covert Personnel Division

FROM: Chief, Security Division

SUBJECT: ZEHRUNG, Charlotte Louise 56840

1. Reference is made to your request for security clearance of the subject person who is being considered for employment in the following position:

2. This is to advise you of the following security action:

a. ☒ Provisional security clearance is granted to permit subject's employment on a temporary basis in the following area or in the following capacity: D Street Pool

This clearance is granted upon the condition that subject: 1. not have access to classified material; 2. not have access to secure areas; 3. not be issued a badge or credential; 4. not represent himself as a CIA employee; and 5. not be assigned to any unclassified duties other than indicated above.

b. ☐ Name-checks have been completed on this person. Arrangements should now be made by your office for an interview in this Division. Upon completion of this interview further consideration will be given to the requested Limited clearance for access to information classified no higher than Secret. If subject has not entered on duty under a previously granted provisional clearance the interview should be arranged after entrance on duty.

c. ☐ Subject is security approved for temporary appointment to a position requiring access to information classified no higher than Secret.

Officials of the employing office should be advised of this security limitation and should be instructed to supply future supervisors with advice as to the limitation so as to insure continued compliance.

Security action to effect full approval is continuing and your office will receive advice of full clearance upon completion of this action. Upon receipt of full security clearance, the present limitation will be rescinded and supervisors should be advised accordingly.

3.

*Pr. Notified  
8 Aug*



*gm*

CONFIDENTIAL

10

DEPARTMENT  
OF  
INTERIOR



1-700

UNITED STATES DEPARTMENT OF THE INTERIOR  
DIVISION OF PERSONNEL AND MANAGEMENT  
WASHINGTON, D. C.

Date of Action

Journal

Re: Miss Charlotte L. Lehman  
San Rso Gardens, R.R. 11  
Dayton 9, Ohio

0000 0000 0000 0000  
0000 0000 0000 0000  
0000 0000 0000 0000

## INDEFINITE APPOINTMENT

Effective Date: April 2, 1951

(Vice Secretary)

	From	To
Position		Statistical Draftsman
Grade and Salary		GS-3, \$2650.00 per annum (GS-1533-3-504)
Bureau		Office of the Secretary
Branch		Division of Geography
Headquarters		Washington, D. C.
Departmental or Field		Departmental

C. I. - Martha E. Reid

This appointment is subject to a trial period of one year.

Subject to investigation.

Under this appointment you will be covered by the National Social Security System.

(Sgd) THOMAS M. TELLER

*Mathilda E. Huser*  
Chief, Administrative Branch

Personnel Officer  
Signed, THOMAS M. TELLER  
Office of the Secretary

Appropriation Title: 143549, Of Working Fund, Interior, Board on  
Geographic Names, Salary, 1951.

JUSTIFICATION (Continue justification to external return for the action recommended)

Miss Lehman has been selected for appointment from Civil Service Certification No. 551.

Her Civil Service papers, medical certificate, and Form 75 for pre-employment loyalty check are attached.

Attachments.

Social Security No. 069-24-3138

## Permanent

CIVIL SERVICE OF  
OFFICE OF LEGAL AUTHORITY  
GS Certificate No.  
H-2580 dated 1/16/51.  
C.S. Reg. 2.115

## Accreditation

## Regular

Date of Birth: 1/12/29  
Local Residence: Ohio  
Sex: F Race: W

## VETERAN'S PREFERENCE

Yes: No: X  
LAST STATUS CHANGE  
OR APPOINTMENT

From: To:

Effective:

Last Date of Action

## NATURE OF POSITION

Vice: Add. Identical:

Name: Martha E. Reid  
GS-1533-3-504

## SUBJECT TO INVESTIGATION

Yes: No: X

DATE THIS ACTION TAKEN

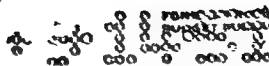
2/11/51

ADMINISTRATIVE AUTHORITY FOR ACTION

Recommendation of Officer

BUREAU NOTIFICATION COPY

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
OFFICE OF THE SECRETARY



NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR.—MRS.—FIRST—MIDDLE INITIAL—LAST) <b>Miss Charlotte L. Lehning</b>		2. DATE OF BIRTH <b>1/12/29</b>	3. JOURNAL OR ACTION NO.	4. DATE
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) <b>(To except Accepted Appt. Separation with Central Intelligence Agency)</b>		6. EFFECTIVE DATE <b>8/12/51</b>	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
FROM		TO		
<b>Statistical Draftsman (GS-1833-3-601)</b>  <b>GS-3, \$2650.00 per annum</b>  <b>Office of the Secretary Division of Geography Research Branch</b>  <b>Washington, D. C.</b>		8. POSITION TITLE		
		9. SERVICE, GRADE, SALARY		
		10. ORGANIZATIONAL DESIGNATIONS		
		11. HEADQUARTERS		
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		12. FIELD OR DEPT'L	<input type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL
13. REMARKS  <b>Any leave remaining to your credit will be transferred.</b>  <b>Separated without reemployment rights.</b>				
<div style="text-align: right;"> <i>Thomas H. Tuller, Personnel Officer</i>        14. SIGNATURE OF OFFICIAL AUTHENTICATING     </div>				
15. VETERAN'S PREFERENCE		16. POSITION CLASSIFICATION ACTION		
17. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F  18. RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> N	19. APPROPRIATION <b>1483921.003 Working Fund, Interior, Office of the Secretary - 1952</b>	20. SUBJECT TO C.S. RETIREMENT ACT (YES-NO) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	21. DATE OF OATH (ACCESSIONS ONLY)	22. LEGAL RESIDENCE  <b>Ohio (claimed)</b>

4. PERSONNEL FOLDER COPY

Give this card to the  
APPOINTMENT CLERK  
at the  
PHS OUTPATIENT CLINIC  
4th and C Streets SW.  
Rm. 8120 Ext. 828  
(or Code 116)

323718	
FIRST	LAST NAME
1. Charlotte	L. Zehrung
POSITION TITLE	
2. Statistical Draftsman	

3. DATE OF BIRTH 1/29/29 HAS AN APPOINTMENT ON \_\_\_\_\_ AT \_\_\_\_\_ A.M.  
(Date) (Time) P.M.

AT THE SERVICE CHECKED BELOW.

- |  |                                       |                                       |   |
|--|---------------------------------------|---------------------------------------|---|
| 4 <input type="checkbox"/> PHOTOFLUOROGRAPH    | 8 <input type="checkbox"/> OB-GYN     | 12 <input type="checkbox"/> RADIOLOGY | 16 <input type="checkbox"/> NUTRITION     |
| 5 <input type="checkbox"/> MEDICAL EXAMINATION | 9 <input type="checkbox"/> PHYS. MED. | 13 <input type="checkbox"/> HOD-ING.  | 17 <input type="checkbox"/> MENTAL HEALTH |
| 6 <input type="checkbox"/> LABORATORY          | 10 <input type="checkbox"/> SURGICAL  | 14 <input type="checkbox"/> DENTAL    | 18 <input type="checkbox"/> DERMATOLOGY   |
| 7 <input type="checkbox"/> MEDICAL             | 11 <input type="checkbox"/> PEDIATRIC | 15 <input type="checkbox"/> DENT.     |   |

19. ☐ OTHER (Specify)

20. CLINIC REGISTER NO.

21. NAME OF DOCTOR

STANDARD FORM NO. 100-101  
F. P. M. CHAPTER 101

MEDICAL APPOINTMENT AND REPORT

2 26 7 9

## APPOINTMENT AFFIDAVITS

**IMPORTANT.**--Before swearing to these appointment affidavits, you should read and understand the attached information for appointee

Interior Office of Secretary Washington, D.C.  
(Department or agency) (Bureau or division) (Place of employment)  
Geography

I, Charlotte L. Zehring, do solemnly swear (or affirm) that--

### A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, SO HELP ME GOD.

### B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I a member of any organization that advocates the overthrow of the Government of the United States by force or violence or other unconstitutional means or seeking by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) I will not so advocate, nor will I become a member of such organization during the period that I am an employee of the Federal Government.

### C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not, while a Government employee, become a member of such an organization.

### D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not paid, or offered or promised to pay, any money or other thing of value to any person, firm or corporation for the use of influence to procure my appointment.

### E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers contained in my Application for Federal Employment, Form No. 52, dated February, 1950, filed with the above-named department or agency, which I have reviewed, are true and correct as of this date with the exceptions noted in the Declaration of Appointee on the reverse of this form. (If no exceptions, write "None" on the Declaration of Appointee.)

Charlotte L. Zehring  
(Signature of Appointee)

Subscribed and sworn before me this 2 day of April, A. D. 1951

Washington D.C.  
(City) (State)

[SEAL]

act of June 26, 1943  
sec. 206  
Echul S. Covell  
(Signature of Officer)  
Clerk, Division of Geography  
(Title)

NOTE.--If the oath is taken before a Notary Public the date of expiration of his commission should be shown.

## DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Question 3 is to be answered in all cases, otherwise answer only those questions which require an answer different from that given to the corresponding questions on your application form. If no answers are different, write "NONE" in Item 10, below. Any false statement in this declaration will be grounds for cancellation of application or dismissal after appointment. Impersonation is a criminal offense and will be prosecuted accordingly.

1. PRESENT ADDRESS (street and number, city and State)

1401 16th St., N.W. - Washington D.C.

2. (A) DATE OF BIRTH

1/12/29

(B) PLACE OF BIRTH (city or town and State or country)

Dayton, O., U.S.A.

3. (A) IN CASE OF EMERGENCY PLEASE NOTIFY

Samuel D. Zehrung

(B) RELATIONSHIP

Father

(C) STREET AND NUMBER, CITY AND STATE

San Rocco Gardens - R.R. 11

(D) TELEPHONE NO.

WA 5831

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? ☐ YES ☒ NO

If so, for each such relative fill in the blanks below. If additional space is necessary, complete under Item 10.

NAME	POST OFFICE ADDRESS (Give street number, if any)	(1) POSITION (2) DEPARTMENT OR AGENCY IN WHICH EMPLOYED	RELATIONSHIP	MARRIED (Check one)	SINGLE
1. ....				<input type="checkbox"/>	<input type="checkbox"/>
2. ....				<input type="checkbox"/>	<input type="checkbox"/>
3. ....				<input type="checkbox"/>	<input type="checkbox"/>
4. ....				<input type="checkbox"/>	<input type="checkbox"/>
5. ....				<input type="checkbox"/>	<input type="checkbox"/>

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN

YES NO

10. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS

WRITE IN LEFT COLUMN NUMBERS OF ITEMS TO WHICH DETAILED ANSWERS APPLY

5. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?

X

6. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?

X

If your answer is "Yes", give details in Item 10.

7. DO YOU RECEIVE ANY ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER BENEFIT, OR UNDER ANY MILITARY OR NAVAL RETIREMENT?

X

If your answer is "Yes", give in Item 10 reason for retirement, that is, age, optional disability, or by reason of voluntary or involuntary separation after 5 years' service, amount of retirement pay, and under what retirement act, and stating, if retired from military or naval service.

8. HAVE YOU EVER BEEN DISCIPLINED OR PUNISHED FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY EMPLOYMENT?

X

If your answer is "Yes", give in Item 10 the name and address of employer, date, and reason in each case.

9. SINCE YOUR 16TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SUMMONED IN COURT AS A DEFENDANT IN A CRIMINAL PROSECUTION, OR CONVICTED OF ANY CRIME OR OFFENSE, OR BEEN CONVICTED OF A VIOLATION OF ANY LAWS, ORDINANCES, OR REGULATIONS (INCLUDING MOTOR VEHICLE VIOLATIONS FOR WHICH A FINE OR FORTUITOUSLY OF \$500.00 WAS IMPOSED)?

X

If your answer is "Yes", list all such cases under Item 10. Give in each case: (1) The date, (2) the nature of the offense or violation; (3) the name and location of the court; (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken.

## INSTRUCTIONS TO APPOINTING OFFICER

The appointing officer before whom the foregoing certificate is made shall determine to his own satisfaction that the appointment would be in accordance with the Civil Service Act, applicable Civil Service Rules and Regulations and any of Congress pertaining to appointments.

This form should be checked for holding of office, pension, suitability in connection with any record of recent discharge or arrest, and particularly for the following:

(1) **Identity of appointee** - The appointee's signature and handwriting are to be compared with the application and/or other pertinent papers. The physical appearance may be checked against the technical certificate. The appointee may also be questioned on his personal history for agreement with his previous statements.

(2) **Age** - If definite age limits have been established for the position, it shall be determined that applicant is not outside the age range for appointment. Until such determination is made, the appointment shall not be consummated.

(3) **Citizenship** - The appointing officer is responsible for observing the citizenship provisions of (1) the Civil Service Rules and (2) appropriation acts. Form CI constitutes an affidavit for both purposes and is acceptable proof of citizenship status in the absence of conflicting evidence. In doubtful cases the requirement should not be consummated until clearance has been secured from the certifying office of the Civil Service Commission.

(4) **Members of Family** - Section 9 of the Civil Service Act provides that where there are already two or more members of a family serving under probationary or permanent appointment in the competitive service, no other member of such family is eligible for probationary or permanent appointment in the competitive service. (5) **Applicants of persons entitled to veteran preference** are not subject to this requirement. The members of family provision does not apply to temporary appointments. The above cases may be referred to the appropriate office of the Civil Service Commission for decision.

UNITED STATES DEPARTMENT OF THE INTERIOR  
DIVISION OF PERSONNEL SUPERVISION AND MANAGEMENT  
WASHINGTON, D. C.

Date of Action

Journal

Re: Miss Charlotte L. Kehrung  
San Ruo Gardens, R.R. 11  
Dayton 9, Ohio

INDEFINITE APPOINTMENT

Effective Date:

~~CONSECUTIVE~~

	From	To
Position		Statistical Draftsman
Grade and Salary		GS-3, \$2650.00 per annum (GS-1533-3-504)
Bureau		Office of the Secretary
Branch		Division of Geography Research Branch
Headquarters		Washington, D. C.
Departmental or Field		Departmental

O. I. - Martha E. Reid

This appointment is subject to a trial period of one year.

Subject to investigation.

Under this appointment you will be covered by the National Social Security System.

OFFICE OF PERSONNEL  
RECEIVED

FEB 15 1951

R.S.M.

(SGD) THOMAS H. TELLIER

Signed: ~~Thomas H. Tellier~~

Approval Title: U, 15005.001 Working Fund, Interior, Board on Geographic Names, Sundry, 1951.

JUSTIFICATION: (Continue on separate sheet for the action reasons, if any)

Miss Kehrung has been selected for appointment from Civil Service Certificate H-2580.

Her Civil Service papers, medical certificate, and Form 65 for pre-appointment loyalty check are attached.

Attachments.

146 mod. 3/15/51  
Per appt. loyalty check  
OK. S.

DEPARTMENTAL ACTION COPY

Permanent

CIVIL SERVICE OF  
OTHER LEGAL AUTHORITY  
CS Certificate No.  
H-2580 dated 1/16/51.  
C.S. Reg. 2.115

Appropriation

Regular

Date of Birth: 1/12/29

Local Residence: Ohio

Sex: F Race: W

VETERAN'S PREFERENCE

Yes: No: X  
LAST STATUS CHANGE  
OR APPOINTMENT

From: To:

Effective:

Let: (If by Rating)

NATURE OF POSITION

Vice: X Add. Identical:

Name: Martha E. Reid  
GS-1533-3-504

Reallocation: New:

Other: (If by Rating)

DATE THIS ACTION INITIATED

2/11/51

ADMINISTRATIVE  
AUTHORITY FOR ACTION

Recommending Officer:

Signature: ~~Thomas H. Tellier~~

Signature: ~~Thomas H. Tellier~~

Signature: ~~Thomas H. Tellier~~

Signature: ~~Thomas H. Tellier~~

Signature: ~~Thomas H. Tellier~~

Signature: ~~Thomas H. Tellier~~

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Signature: ~~Thomas H. Tellier~~

Signature: ~~Thomas H. Tellier~~

Signature: ~~Thomas H. Tellier~~

STANDARD FORM 88  
Prescribed by  
August 4, 1947, by  
Civil Service Commission  
(Imperial 12, F.T.M.)

# REQUEST FOR REPORT OF LOYALTY DATA ON APPLICANTS AND APPOINTEES

THIS FORM TO BE USED ONLY FOR APPLICANTS AND APPOINTEES  
WHOSE RECORD CHECKS AND INQUIRIES ARE CONDUCTED  
BY CIVIL SERVICE COMMISSION  
(PART 1—EXCLUSIVE ORDER 9875)

CASE SERIAL NO.  
(If not use only)

TO: The following information is furnished for identification purposes on the person named below. Kindly furnish a report on any loyalty information contained in your files. (The fingerprints of this person are attached.)

1. FULL NAME (Initials and surnames of full name are not acceptable)

(Surname)

(Given name)

(Middle or other name)

Zehring

Charlotte

Louise

2. ALIASES AND NICKNAMES

Sherri

3. DATE OF THIS REQUEST

2/14/51

4. SPECIAL NUMBERS KNOWN TO REQUESTING AGENCY (FBI number or FBI file number, passport number, Army or Navy serial number, woman's certificate of identification, alien registration number, Social Security number, etc. Specify which)

Social Security No. 067-24-3138

5. PLACE OF BIRTH

Dayton, Ohio

6. DATE OF BIRTH

Jan. 12, 1929

7. TITLE OF POSITION

Statistical Draftsman SENS  
(Division of Geography)

8. SEX

☐ MALE  
☒ FEMALE

9. MARITAL STATUS

☒ SINGLE  
☐ MARRIED

10. IF MARRIED, GIVE SPOUSE'S FULL NAME, AND DATE AND PLACE OF BIRTH

None

11. DATE OF APPOINTMENT  
APPL

12. TYPE OF APPOINTMENT  
☒ ~~EXCEPTED~~ ☐ EXCEPTED ☐ TEMPORARY

NO. 2-115

13. ORGANIZATIONS WITH WHICH AFFILIATED, OTHER THAN RELIGIOUS OR POLITICAL ORGANIZATIONS OR THOSE WHICH SHOW RELIGIOUS OR POLITICAL AFFILIATIONS

Delta Gamma Sorority

14. DATES AND PLACES OF RESIDENCE FOR THE LAST 10 YEARS

From	To	Street	City	State
9/11	9/16	San Jac Gardens R. R. 11	Dayton	Ohio
9/16	6/17	901 Walnut Ave.	Syracuse	N. Y.
6/17	9/17	San Jac Gardens	Dayton	Ohio
9/17	6/18	901 Walnut Ave.	Syracuse	N. Y.
7/18	6/18	37 Boyana Calle Monteno	Guatemala City	Guatemala C.A.
9/18	6/19	901 Walnut Ave.	Syracuse	N. Y.
7/19	7/19	San Jac Gardens	Dayton	Ohio
7/19	1/50	901 Walnut Ave.	Syracuse	N. Y.
2/50	5/50	201 - 14th St., N. W.	Washington	D. C.
5/50	pres.	San Jac Gardens	Dayton, Ohio	

15. DATES, NAMES AND ADDRESSES OF EMPLOYERS FOR THE LAST 10 YEARS

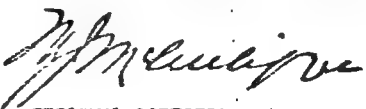
Date	Name of Employer	Address
Unemployed prior to 6/17	Unemployed	
6/17 - 9/17	Frederick Plant #2	Dayton 9, Ohio
9/17 - 1/18	Unemployed	
1/18 - 5/19	Grants Disc Store (part-time)	Syracuse, N. Y.
5/19 - 6/19	Unemployed	
6/19 - 9/19	San Jac Gardens, R. R. 11	Dayton, Ohio
9/19 - 2/50	Unemployed	
2/50 - 5/50	National Peanut Council	1111 Dupont Circle Bldg., Washington, D. C.
5/50 - pres.	San Jac Gardens	Dayton, Ohio

16. THIS AGENCY HAS LOYALTY INFORMATION RECEIVED OR FURNISHED BY THE AGENCIES INDICATED BELOW

AGENCY WHICH MADE THE LOYALTY CHECK	DATE OF REPORT	REMARKS
None		

17. THIS SPACE RESERVED FOR RETURN REPORT TO AGENCY WHERE INFORMATION IS DEVELOPED

18. NAME AND ADDRESS OF REQUESTING AGENCY  
Personnel Officer  
Office of the Secretary  
Department of the Interior  
Washington 25, D. C.

UNITED STATES CIVIL SERVICE COMMISSION DIRECTOR FOURTH U. S. CIVIL SERVICE REGION TEMPORARY BUILDING "R" 3RD & JEFFERSON DRIVE, S. E. WASHINGTON, D. C. <b>PREAPPOINTMENT LOYALTY CHECK</b> <b>MAR 15 1951</b> <b>PRELIMINARY REPORT OF CLEARANCE ON INITIAL CHECKS</b>		CASE SERIAL NO. 11-11-11-11 4-51-5155-5155 2. DATE OF "LIVE REPORT" 3/14/51 3. PROPOSED ACTION APPL 4. COMPETITIVE 5. EXCEPTED 4/7/51 7. DATE OF BIRTH 1/12/29
Personnel Officer Office of the Sec'y Dept. of the Interior Wash. 25, D.C. <b>PERSONAL AND CONFIDENTIAL</b>		
6. NAME (Last, first, middle) ZIMMING, Charlotte Louisa (aka, Sherris)		
8. PROPOSED POSITION, ORGANIZATIONAL DESIGNATION, AND PLACE OF EMPLOYMENT Statistical Drafting Port. of Int. Off. of Sec'y, 22		
<p>Preappointment loyalty check has been made on the above applicant for a 'sensitive' position, pursuant to Chapter 42 of the Federal Personnel Manual. This check revealed no derogatory information regarding this person's loyalty.</p> <p>No further papers are required if the proposed action is the appointment of a person employed by another agency and you have determined from the losing agency that the appointee or incumbent check has been completed.</p> <p>For any other type of appointment action, please submit to this office within three working days after the appointee enters on duty (1) application, (2) file covering any investigation or inquiry conducted by your agency on a preappointment basis, and (3) Standard Form 87 (fingerprint chart) unless fingerprint search has already been made as shown by item 9A below.</p>		
9A. FINGERPRINT SEARCH HAS BEEN COMPLETED AS PART OF THE PREAPPOINTMENT LOYALTY CHECK.		
B. FINGERPRINTS WERE NOT SUBMITTED AS PART OF THE PREAPPOINTMENT LOYALTY CHECK.		
C. FINGERPRINTS WERE UNCLASSIFIABLE. YOU MAY EITHER (1) MAKE THE APPOINTMENT AT ONCE AND SUBMIT REPRINTS WITH THE OTHER REQUIRED PAPERS, OR (2) WITHHOLD APPOINTMENT AND SUBMIT REPRINTS SEPARATELY FOR COMPLETION OF FINGERPRINT SEARCH BEFORE YOU DECIDE WHETHER TO APPOINT.		
UNCLASSIFIABLE FINGERPRINTS <input type="checkbox"/> ARE ATTACHED. <input type="checkbox"/> WILL BE FORWARDED ON RECEIPT FROM OUR CENTRAL OFFICE.		
Please use the copy of this notice for your transmittal or reply. Space has been provided on the back for your convenience. A reply is required, even though it may first be necessary to transmit forms in this case.		
 REGIONAL DIRECTOR		



TO: DIRECTOR, U. S. CIVIL SERVICE REGION

1. Forms attached as requested. Proposed personnel action effected April 9, 1951
2. Forms not submitted because proposed personnel action dropped from consideration.
3. Forms not submitted because this is an appointment without break in service of a person who was employed by another agency and it has been determined from the Official Personnel Folder at the losing agency that the appointee or incumbent check has been completed.
4. Reprints on Standard Form 57 attached. Decision regarding appointment will not be made until the results of the FBI fingerprint search have been received.

## REMARKS:

**Forms 57 and 67 attached.**

DATE

April 9, 1951

SIGNATURE OF APPOINTING OFFICER

(SGD.) R. T. SLATH

OFFICIAL TITLE

Personnel Officer,  
Office of the Secretary,  
Dept. of Interior.

OPTIONAL FORM NO. 5  
MAY 1962 EDITION  
GSA FPMR (41 CFR) 101-11.6  
(SUPERSEDES GSA FORM 100)

## INQUIRY AS TO AVAILABILITY

Return this  
form to →

AGENCY AND ADDRESS (Street, City, and State)

Miss Mathilda C. Benter  
Chief, Administrative Branch  
Division of Geography  
Dept. of the Interior  
Washington 25, D.C.

Miss Charlotte L. Zehrung  
San Rae Gardens, RR11  
Dayton 9, Ohio

(Please correct address if different from above)

DATE

Jan. 30, 1951

CERTIFICATE

H-2580

POSITION

Statistical  
Draftsman, GS-3

SALARY

\$2650 p.m.

LOCATION

Washington, D. C.

TYPE OF APPOINTMENT:

Indefinite

☐ PROBATIONAL

☐ TEMPORARY FOR

This office is considering you among others for the employment described. Please fill out the "Availability Statement" below, indicating whether you would accept this position if offered, and return the entire sheet to this office. Appointment would be subject to the Civil Service requirements described on the back of this letter. Whether you are available or not, please reply within 3 days in order that one of those who are available may be selected as promptly as possible to fill the vacancy.

Failure to reply to this inquiry will result in the removal of your name from the register of eligibles until such time as you request restoration and furnish the information asked for in the statement below.

**THIS IS A LETTER OF INQUIRY AND NOT AN OFFER OF EMPLOYMENT.** If selected, you will be notified and given further instructions.

Other information:

Sincerely yours,

*Mathilda C. Benter*

Chief, Admin. Branch

## AVAILABILITY STATEMENT

- (Check one) (Check one)
- ☒ I am available and wish to be considered for the position described above. I can report for duty within 10 days after notification. I am now employed by San Rae Gardens at Dayton 9, Ohio RR 11.
- ☐ I do not wish to be considered for the position described above. I am giving my reasons on the other side of this form.
- ☐ I request that my name be removed from the active list of eligibles until I report that I am available for appointment.
- ☒ Consider me available for other appointments, subject to the following conditions:
- The position must pay at least \$2,650 per year (year, month, day, or hour).
- I am willing to work: ☒ In Washington, D. C.; ☐ Anywhere in the U. S.; ☐ Outside the U. S.
- I will accept appointment in the following locations only: \_\_\_\_\_
- I will accept short-term appointment for: ☐ 1 to 3 months; ☐ 3 to 6 months; ☒ 6 to 12 months.

Feb - 2 - 1951  
(Date)

*Charlotte L. Zehrung*  
(Signature)

UNITED STATES CIVIL SERVICE COMMISSION  
CERTIFICATE OF MEDICAL EXAMINATION

(Applicant must supply information below to heavy line)  
(Type, or Print in Ink)

1. MR. MRS. MISS <b>Charlotte</b>	(FIRST NAME) <b>L. Zehrung</b>	(MIDDLE INITIAL) <b>L.</b>	(LAST) <b>Zehrung</b>	2. DATE OF BIRTH <b>January 18, 1909</b>	3. <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
4. ADDRESS <b>San Luis Gardens, Dayton 3, Ohio</b>				5. TITLE OF POSITION <b>Statistical Draftsman</b>	
6. DEPARTMENT OR BUREAU IN WHICH YOU ARE TO BE EMPLOYED <b>Office of the Secretary Interior - Division of Geography</b>				7. LOCATION <b>Washington, D. C.</b>	
8. ARE YOU NOW EMPLOYED IN THE POSITION SHOWN IN ITEM 5? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF YOUR ANSWER IS "YES" GIVE THE DATE OF YOUR ORIGINAL APPOINTMENT TO THIS POSITION:					
9. (A) HAVE YOU ANY PHYSICAL DEFECT OR DISABILITY WHATSOEVER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF YOUR ANSWER IS "YES," GIVE DETAILS:					

- (7) DOES THE VETERANS ADMINISTRATION RECOGNIZE SERVICE-CONNECTED DISABILITY IN YOUR CASE? ☐ YES ☒ NO  
(8) HAVE YOU EVER RECEIVED DISABILITY RETIREMENT FROM THE U. S. CIVIL SERVICE COMMISSION? ☐ YES ☒ NO

Sign your name in INK as it appears on your application in the presence of the physician for purpose of identification.

SIGNATURE OF APPLICANT

*Charlotte L. Zehrung*

DOCTOR: All questions on both sides of this certificate and on the lower half of the attached Health Qualification Placement Record must be answered. Before beginning the examination refer to items 9 and 10 on the Health Qualification Placement Record so that you will have knowledge of the physical requirements of the position to which the applicant is to be appointed. Sign both this certificate and the Health Qualification Placement Record.

1. HEIGHT: 5 FEET 8 INCHES WEIGHT: 120 POUNDS

2. EYES: (A) DISTANT VISION (SNELLEN): WITHOUT GLASSES: RIGHT 20 LEFT 20 WITH GLASSES, IF WORN: RIGHT 20 LEFT 20

(B) WHAT IS THE LONGEST AND SHORTEST DISTANCE AT WHICH THE FOLLOWING SPECIMEN OF JAEGER NO. 2 TYPE CAN BE READ BY THE APPLICANT? TEST EACH EYE SEPARATELY.

employee in the Federal classified service as may be requested by the Civil Service Commission or its authorized representative. This order will supplement the Executive Orders of May 20 and June 16, 1952 (Executive Order, September 4, 1954).

WITHOUT GLASSES:

WITH GLASSES, IF USED:

R. 12 IN. TO 20 IN.

R. 21 IN. TO 28 IN.

L. 12 IN. TO 22 IN.

L. 27 IN. TO 28 IN.

(C) EVIDENCE OF DISEASE OR INJURY: RIGHT None LEFT None

(D) COLOR VISION: IS COLOR VISION NORMAL WHEN ICHIHARA OR OTHER COLOR PLATE TEST IS USED? ☐ YES ☒ NO

IF NOT, CAN APPLICANT PASS LANTERN, YARN OR OTHER COMPARABLE TEST? ☐ YES ☒ NO

3. H.E. (CONSIDER DENOMINATORS INDICATED HERE AS NORMAL. RECORD AS NUMERATORS THE GREATEST DISTANCE HEARD) ORDINARY CONVERSATION:

RIGHT EAR 20 FT. LEFT EAR 20 FT. EVIDENCE OF DISEASE OR INJURY: RIGHT EAR None LEFT EAR None

4. NOSE <i>Normal</i>	5. PARA NASAL SINUSIS <i>Normal</i>	6. MOUTH AND THROAT <i>Normal</i>
7. GASTRO-INTESTINAL <i>Normal</i>	(A) HISTORY OF PEPTIC ULCER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," IS ULCER: <input type="checkbox"/> ACTIVE <input type="checkbox"/> QUIESCENT <input type="checkbox"/> HEALED HOW LONG? _____ DATE OF LAST X-RAY _____ SYMPTOMS PRESENT, IF ANY (Severity, frequency, etc.): _____ TREATMENT (List space under "Remarks" if needed): _____	

8. METABOLIC DISORDERS (INDICATE ANY ABNORMALITY OF THE FOLLOWING GLANDS BY A CHECK IN THE APPROPRIATE BOX AND EXPLAIN UNDER "REMARKS.")

☐ THYROID

☐ PANCREAS

☐ PITUITARY

☐ OVARIAN

9. HEART AND BLOOD VESSELS <span style="float: right;"><i>normal</i></span>		(A) BLOOD PRESSURE: MM. HG. SYSTOLIC <i>164</i> DIASTOLIC <i>78</i>	
(B) IS ORGANIC HEART DISEASE PRESENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		(C) IF ORGANIC HEART DISEASE IS PRESENT, IS IT FULLY COMPENSATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(D) PULSE RATE: SITTING <i>68</i> IMMEDIATELY AFTER EXERCISE (UNLESS CONTRAINDICATED) <i>104</i> TWO MINUTES AFTER EXERCISE <i>88</i> CARDIAC RESERVE <i>Good</i> <span style="float: right;">(GOOD, FAIR, OR POOR)</span>			
10. LUNGS: RIGHT <i>normal</i> LEFT <i>normal</i>			
HISTORY OF TUBERCULOSIS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," HOW LONG HAS THE DISEASE BEEN ARRESTED? IF THERE IS HISTORY OF TUBERCULOSIS, IS ANY TYPE OF COLLAPSE THERAPY BEING RECEIVED AT PRESENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," GIVE FULL DETAILS UNDER "REMARKS." IS MEDICAL SUPERVISION NECESSARY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (IF X-RAY IS MADE, GIVE REPORT UNDER "REMARKS.")			
11. HERNIA: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," NAME VARIETY: INGUINAL, VENTRAL, FEMORAL, POST-OPERATIVE, ETC. IF PRESENT, IS IT SUPPORTED BY A WELL-FITTING TRUSS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
12. VARICOSE VEINS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," STATE LOCATION AND DEGREE			
13. FEET: IS FLAT FOOT PRESENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," STATE DEGREE OF IMPAIRMENT OF FUNCTION <span style="float: right;">(NONE, SLIGHT, MODERATE, SEVERE)</span>			
14. DEFORMITIES, ATROPHIES, AND OTHER ABNORMALITIES, DISEASE NOT INCLUDED ABOVE <span style="float: right;"><i>None</i></span>			
15. SCARS OF SERIOUS INJURY OR DISEASE <span style="float: right;"><i>None</i></span>			
16. NERVOUS SYSTEM: (A) INCLUDE SYMPTOMS AND FULL HISTORY OF ANY MENTAL, NERVOUS, OR EMOTIONAL ABNORMALITY (USE ADDITIONAL SHEETS IF NECESSARY). <span style="float: right;"><i>None</i></span>			
(B) HAS APPLICANT EVER BEEN HOSPITALIZED OR TREATED FOR A MENTAL ILLNESS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
(C) WHERE (NAME AND LOCATION OF HOSPITAL):			
(D) DATE OR DATES OF HOSPITALIZATION:			
(E) DESCRIBE ANY RESIDUALS OF PREVIOUS MENTAL OR NERVOUS ILLNESS:			
(F) ANY HISTORY OF EPILEPSY OR FAINING SPELLS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF SO, GIVE DETAILS UNDER "REMARKS" BELOW			
17. EVIDENCE OR HISTORY OF VENEREAL DISEASE, IF BLOOD SEROLOGY OR OTHER LABORATORY EXAMINATIONS ARE MADE, GIVE RESULTS UNDER "REMARKS." <span style="float: right;"><i>None</i></span>			
18. URINALYSIS (IF INDICATED): SP. GR. _____ ALBUMEN _____ SUGAR _____ CASTS _____ BLOOD _____ PUS _____			
I HAVE FOUND THE APPLICANT ABNORMAL UNDER THE FOLLOWING HEADINGS:			
REMARKS:  <i>Good physical condition. Normal state of health.</i>			
19. SIGNATURE OF PHYSICIAN OR EXAMINER:  <i>Albert F. Kuhl</i>		NAME TYPED OR PRINTED  Albert F. Kuhl, M.D.	
20. ADDRESS OF EXAMINING PHYSICIAN (Typed or printed)  916 Harries Bldg. Dayton 2, Ohio		DATE  2/8/51	
21. DO YOU HAVE FEDERAL DESIGNATION? IF YES, SPECIFY		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<input type="checkbox"/> FULL TIME		<input type="checkbox"/> PART TIME <input type="checkbox"/> FEE BASIS	

## HEALTH QUALIFICATION PLACEMENT RECORD

(This section is comparable to Standard Form 90 promulgated March 1945 by Bureau of the Budget Circular A-24)

<b>1. MR. MRS. MISS</b> (FIRST NAME) (MIDDLE INITIAL) (LAST) <b>Charlotte L. Leaning</b>	<b>2. DATE OF BIRTH</b> <b>January 18, 1929</b>	<b>3. <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE</b>
<b>4. ADDRESS</b> <b>San 140 Williams, Dayton 9, Ohio</b>	<b>5. TITLE OF POSITION</b> <b>Statistical Draftsman</b>	
<b>6. DEPARTMENT OR BUREAU IN WHICH YOU ARE TO BE EMPLOYED</b> <b>Office of the Secretary Interior - Division of Geography</b>	<b>7. LOCATION</b> <b>Washington, D. C.</b>	
<b>8. ARE YOU NOW EMPLOYED IN THE POSITION SHOWN IN ITEM 5? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF YOUR ANSWER IS "YES" GIVE THE DATE OF YOUR ORIGINAL APPOINTMENT TO THIS POSITION:</b>		

### TO BE COMPLETED BY APPOINTING OFFICER: Sections 9 and 10

<b>(A) BRIEF OUTLINE OF WHAT WORKER DOES</b> For the physician's use, set down in brief and simple terms what the employee does on this job, including environmental details such as noise to climb, distance to rest-room facilities, cafeteria, work-shift, etc. (Use Section 9 below.)	<b>(B) PHYSICAL DEMANDS OF THE POSITION</b> In Section 10 below encircle the number of those factors which are essential to the duties of the position for which this applicant is being considered. The blank spaces may be used for special factors not listed.
<b>9. TITLE OF POSITION AND OUTLINE OF WHAT WORKER DOES IN THIS POSITION (Advise use of dictionary of occupational titles as guide, as applicable)</b>	

Statistical Draftsman - To assist in the performance of drafting, lettering and incidental statistical clerical work in the preparation and revision of index maps, showing the location of approved and disapproved names and the extent of features to which names apply; charts, graphs and other illustrative materials in connection with the functions of the Research Branch and for administrative purposes.

### TO BE COMPLETED BY EXAMINING PHYSICIAN: Sections 10, 11, 12, 13, 14, and 15

**INSTRUCTIONS:** The items listed below indicate the physical requirements of the position for which this individual is being considered. Indicate the individual's physical capacities for this position by placing an X in the appropriate column opposite the numbers enclosed. If the individual has any other physical limitations relating to physical requirements not enclosed or not covered by this form, indicate these under "Remarks" on the reverse side. Whenever **PARTIAL** capacity has been indicated, explain under "Remarks," giving specific quantities.

PHYSICAL REQUIREMENTS			
ENVIRONMENTAL FACTORS			
	CAPACITY		
	FULL	PARTIAL	NONE
1. OUTSIDE			
2. OUTSIDE AND INSIDE			
3. EXCESSIVE HEAT			
4. EXCESSIVE COLD			
5. EXCESSIVE HUMIDITY			
6. EXCESSIVE DAMPNESS OR CHILLING			
7. DRY ATMOSPHERIC CONDITIONS			
8. EXCESSIVE NOISE, INTERMITTENT			
9. CONSTANT NOISE			
10. DUST			
11. SILICA, ASBESTOS, ETC.			
12. FUMES, SMOKE, OR GASES			
13. SOLVENTS (Dissolving agents)			
14. GREASES AND OILS			
15. RADIANT ENERGY			
16. ELECTRICAL ENERGY			
17. SLIPPERY OR LOWLY BRUSHING SURFACES			
18. WORKING AROUND MACHINERY WITH MOVING PARTS			
19. MOVING OBJECTS OR VEHICLES			
20. WORKING ON LADDERS OR SCAFFOLDING			
21. WORKING BELOW GROUND			
22. UNUSUAL FATIGUE FACTORS (Specify)			
23. WORKING WITH HANDS IN WATER			
24. EXPLOSIVES			
25. VIBRATION			
26. WORKING CLOSELY WITH OTHERS			
27. WORKS ALONE			
28. PROTRACTED OR IRREGULAR HOURS OF WORK			
29. SPECIAL FACTORS (Specify)			
30.			
31.			
32.			

## APPLICATION FOR FEDERAL EMPLOYMENT

INSTRUCTIONS: In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type, write or print in INK. In applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a WRITTEN examination, follow the

instructions on the admission card regarding disposition of this application. If you are applying for an UNWRITTEN examination, mail this application to the office named in the announcement. Be sure to mail to the same office any other forms required by the announcement. Notify the office with which you file this application of any change in your address.

306603

U180

APPLICATION NO.

ANNOUNCEMENT

NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR		DO NOT WRITE IN THIS BLOCK For Use of Civil Service Commission Only	
Statistical Draftsman			
1 PLACE OF EMPLOYMENT APPLIED FOR (City and State)		2 DATE OF THIS APPLICATION	
Washington, D.C.		Feb. 16, 1950	
3 NAME (First Name) (Middle) (Last)		4 SEX	
Charlotte Louise Zehring		MISS	
5 (A) STREET AND NUMBER OR R. D. NUMBER		6 (B) CITY OR POST OFFICE (including postal zone) AND STATE	
San Rae Gardens RRU		Dayton, Ohio	
7 (A) OFFICE PHONE		8 (B) HOME PHONE	
Ohio			
9 DATE OF BIRTH (month, day, year)		10 <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> SINGLE	
January 12, 1929			
11 PLACE OF BIRTH (city and State; if born outside U. S., name city and country)		12 <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	
Dayton, Ohio			
13 (A) HEIGHT WITHOUT SHOES		14 (B) WEIGHT	
5 FEET 8 INCHES		132 POUNDS	
15 (A) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
16 IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE			
17 (A) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? \$ PER YEAR. You will not be considered for any position with a lower entrance salary.			
(B) CHECK IF YOU WILL ACCEPT SHORT TERM APPOINTMENT IF OFFERED, FOR: <input type="checkbox"/> 1 TO 3 MONTHS <input type="checkbox"/> 3 TO 6 MONTHS <input type="checkbox"/> 6 TO 12 MONTHS			
NOTE: Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment.			
(C) IF YOU ARE WILLING TO TRAVEL, SPECIFY: <input type="checkbox"/> OCCASIONALLY <input type="checkbox"/> FREQUENTLY <input type="checkbox"/> CONSTANTLY			
18. EXPERIENCE It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing officers of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be described in the space below in its proper sequence.			
(a) If you were ever employed in any position under a name different from that shown in Item 3 of this application, give under "Description of your work" for each position, the name used.			
(b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."			
19. PRESENT POSITION			
DATE OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR PRESENT POSITION	
FROM TO PRESENT TIME		CLASSIFICATION GRADE (if in Federal Service)	
PLACE OF EMPLOYMENT (city and State)		NAME AND TITLE OF IMMEDIATE SUPERVISOR	
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division)		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale store, insurance agency, manufacture of trucks, etc.)	
NUMBER AND KIND OF EMPLOYERS EMPLOYED BY YOU		REASON FOR DESIRING TO CHANGE EMPLOYMENT	
DESCRIPTION OF YOUR WORK			

(CONTINUED ON NEXT PAGE)

16-52748-2

LS-6348-1

00023 MAY 10 50



2601-16th St., N.W.  
Washington, D.C.  
May 9, 1950.

U.S. Civil Service Commission  
Washington, D.C.

Dear Sir:

I sent in material for the unassembled papers for a Statistical Draftman, the announcement number of which is 130.

I have moved since the last I sent in my paper. Would you please make the necessary changes so I will receive notice of my material as my new address.

My old address was:

2601 - 16th St., N.W.  
Washington, D.C.

My new address is:

7777 San Rae Gardens  
Dayton, Ohio R.R. #11

Thank you very much.

Sincerely,

Charlotte L. Zehrung



**UNITED STATES CIVIL SERVICE COMMISSION**  
**RATING SHEET—RATING PROCEDURE NO. III.**  
 (Handbook X-105)

NAME OF APPLICANT <i>Charlotte L. Zehring</i>		PREFERENCE <input type="checkbox"/> 5-PT. <input type="checkbox"/> 10-PT. <input type="checkbox"/> NONE	APPLICATION NO.
POSITION TITLE <i>GS-1533 Statistical Draftsman</i>		POSITION TITLE <i>do</i>	
ANNOUNCEMENT NO. <i>U-130</i>	QUALIFYING EXPERIENCE GRADE <i>GS-3</i>	ANNOUNCEMENT NO.	QUALIFYING EXPERIENCE GRADE <i>GS-2</i>
BASIC RATING	<i>85</i>	BASIC RATING	<i>90</i>
ADDITIONAL POINTS	<i>2</i>	ADDITIONAL POINTS	<i>4</i>
EARNED RATING	<i>87</i>	EARNED RATING	<i>94</i>
VETERANS' PREFERENCE		VETERANS' PREFERENCE	
FINAL RATING		FINAL RATING	
EXAMINER <i>RLK</i>	DATE <i>5-18-50</i>	EXAMINER <i>RLK</i>	DATE <i>5-18-50</i>
REVIEWER	DATE	REVIEWER	DATE
COMMENTS:			
POSITION TITLE		POSITION TITLE	
ANNOUNCEMENT NO.	QUALIFYING EXPERIENCE GRADE	ANNOUNCEMENT NO.	QUALIFYING EXPERIENCE GRADE
BASIC RATING		BASIC RATING	
ADDITIONAL POINTS		ADDITIONAL POINTS	
EARNED RATING		EARNED RATING	
VETERANS' PREFERENCE		VETERANS' PREFERENCE	
FINAL RATING		FINAL RATING	
EXAMINER	DATE	EXAMINER	DATE
REVIEWER	DATE	REVIEWER	DATE
COMMENTS:			

Education to be Substituted  
for Experience

High School

2 years	Mechanical Drawing
2 years	Art
1½ years	Algebra
1 year	Geometry
½ year	Trigonometry

College

1 year	4 credits hrs. from hands expressions (hand)
1 year	6 credits hrs. statistics 3 hrs./week lectures 1½ hrs./week laboratory

Form 12  
February 1946

UNITED STATES CIVIL SERVICE COMMISSION  
PROOF OF RESIDENCE

Form assigned  
Bureau Number 60-2050

Applicants for appointment in the appropriated departmental service must be accompanied by a certificate showing legal or voting residence in the State or Territory for at least one year next preceding the date of making application. Therefore, if you have been employed in the appropriated departmental service the following questions need be answered, and the Jurat and Officer's Certificate of Residence below signed as required. Failure to submit this form, properly executed, with your application may result in loss of consideration for appointment in the appropriated service. Applicants who now hold permanent positions in the appropriated departmental service are not required to have the Officer's Certificate of Residence executed and should write on it "Am in the appropriated service."

1. (Last name) (Middle) (First, if any) (Last) Mr. Mrs. Miss <u>Zehring Charlotte L.</u>		2. Name of examination <u>Statistical Draftsman</u>	
3. Street and number, or if Rural, R. D. number <u>2601 16th St. N.W.</u> <u>0725</u>		4. Option (if any) <u>1</u>	
Post office (including postal zone) and State <u>Washington, D.C.</u>		5. Place and date of written examination (if any)	
6. (a) In what State or Territory do you have— Legal residence <u>Ohio</u> Voting residence	(b) Length of such residence in State or Territory From <u>Jan 19, 29</u> to <u>Feb 19, 50</u> (Month) (Yr.) (Month) (Yr.)	(c) In what country do you have— Legal residence <u>Montgomery</u> Voting residence	(d) Length of such residence in country From <u>Jan 19, 29</u> to <u>Feb 19, 50</u> (Month) (Yr.) (Month) (Yr.)

7. If during the past year you have not resided continuously in the State or Territory in which you claim legal or voting residence, or are not now actually living in such State or Territory, indicate in the following blanks the dates of absence, and location and occupations during such absence:			
(a) Date left (Month, Year) <u>Sept. 1949</u> <u>Jan. 1950</u>	(b) Date returned (Month, Year) <u>Dec. 1949</u>	(c) Location during absence (City and State) <u>Syracuse, N.Y.</u> <u>Washington, D.C.</u>	(d) Occupation <u>student</u> <u>typist bookkeeper</u>

8. If you are under 21 years of age, fill in the following blanks:		
(a) Legal residence of parent or guardian State <u>Ohio</u> Is he a voter in that State? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No County	(b) Length of such residence From <u>19</u> to <u>19</u> (Month) (Yr.) (Month) (Yr.) From <u>19</u> to <u>19</u> (Month) (Yr.) (Month) (Yr.)	(c) Present post office address of parent or guardian City or town County State

9. If you are a married woman, fill in the following blanks:		
(a) Date of marriage	(b) Legal residence of husband State <u>Ohio</u> Is he a voter in that State? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No County	(c) Length of such residence From <u>19</u> to <u>19</u> (Month) (Yr.) (Month) (Yr.) From <u>19</u> to <u>19</u> (Month) (Yr.) (Month) (Yr.)

JURAT (OR OATH)

This jurat (or oath) must be executed before a notary public, the secretary of a United States court, or a minister, or other officer authorized to administer oaths before whom the applicant must appear in person.

I, the undersigned, DO SOLEMNLY SWEAR (OR AFFIRM) that the statements made by me in answer to the foregoing questions are full and true to the best of my knowledge and belief.

If female, prefix "Mrs." or "Miss" and if married, use your own name as "Mrs. Mary L. Doe." Return to Bureau according to label by the undersigned applicant, and date for return of certificate.	Signature of applicant <u>Charlotte L. Zehring</u> Given your name in full—last, first, middle, or initials, and surname.
	Signature of official <u>Clarence H. Bloss</u> (Official title)

MY COMMISSION EXPIRES MARCH 31, 1954

OFFICER'S CERTIFICATE OF RESIDENCE

Instructions.—If the applicant's claim is based on legal residence, the certificate must be executed by a notary public, county, municipal, or police court clerk, mayor, justice of the peace, or other officer in the county or city in which the applicant claims residence. If the claim is based on voting residence alone, the certificate must be executed by the register of voters or other officer of the Board of Elections. In either case the officer must be an actual resident and officer in the city or county claimed by the applicant, and the certificate must bear his official seal, or, in that behalf, certification of his official character by the proper officer under official seal. The applicant is not required to appear in person before the officer who executes this certificate, but the officer should satisfy himself from credible and competent evidence as to facts to which he certifies.

I, a <u>Notary</u> of the county of <u>Montgomery</u> and State (or Territory) of <u>Ohio</u> do hereby certify that <u>Charlotte L. Zehring</u> , the applicant who claims to reside in connection with a civil service examination, (When name is given exactly with applicant's name as given above) is now a <u>Legal</u> resident of the county of <u>Montgomery</u> and State (or Territory) of <u>Ohio</u> (Specify whether "legal," "voting," or "legal and voting") and has been such resident for <u>21</u> years <u>1</u> months next preceding the date hereof. Dated at <u>West Carrollton</u> , county of <u>Montgomery</u> and State (or Territory) of <u>Ohio</u> on the <u>14th</u> day of <u>February</u> 19 <u>50</u>
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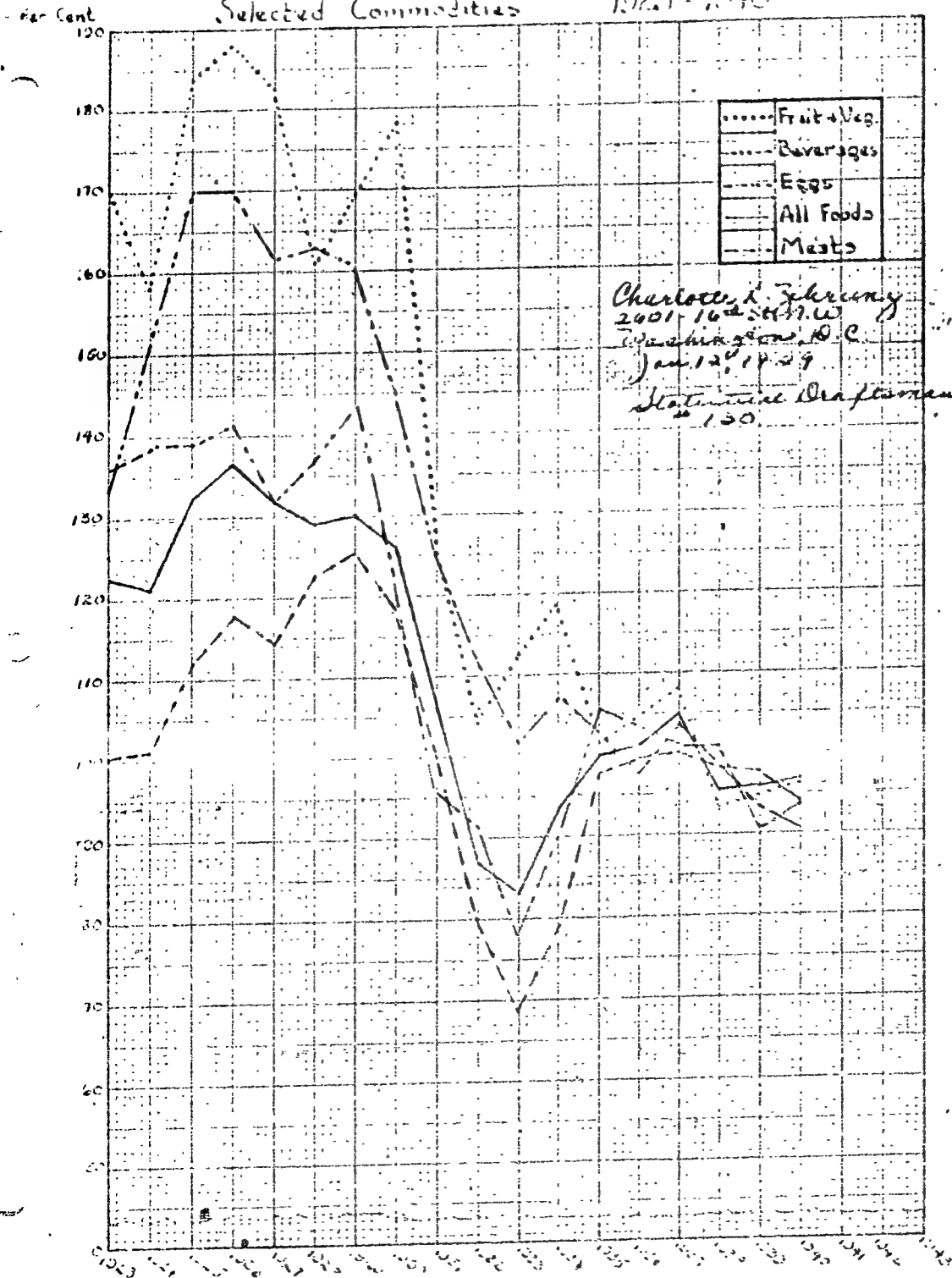
OFFICIAL SEAL

My commission expires July-19-1952

The Official seal must not be omitted. If erasure or correction is made in the "Officer's Certificate," certification must be made on margin by the officer who executes the certificate, showing such correction.

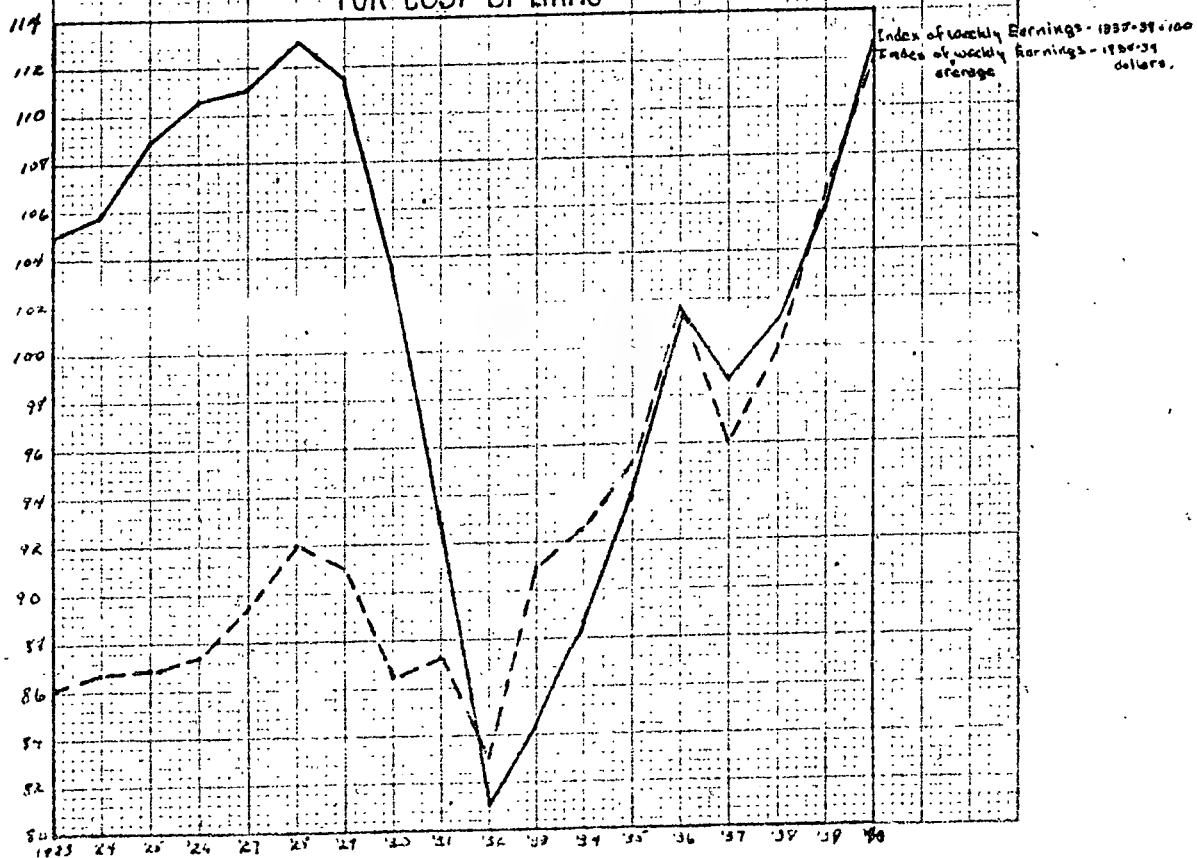
# Index Number of Retail Cost of All Foods and of Four Selected Commodities 1925-1940

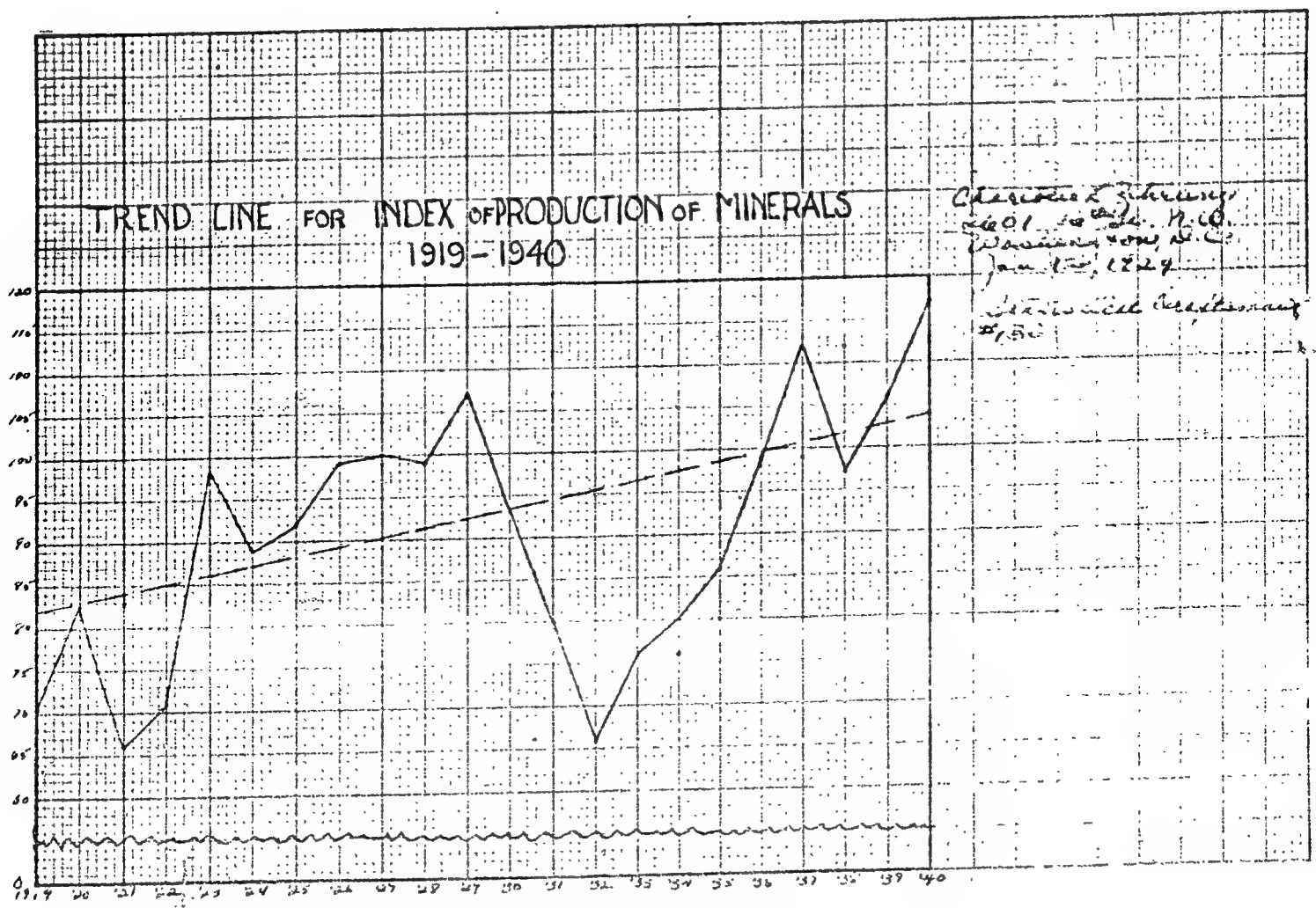
FORM 1



Charlotte R. Zerkow  
 2601 16th St. N.W.  
 Washington, D.C.  
 Jan. 12/1939  
 International Harvester Co.  
 #130

# INDEX OF WEEKLY EARNINGS BEFORE AND AFTER ADJUSTMENT FOR COST OF LIVING



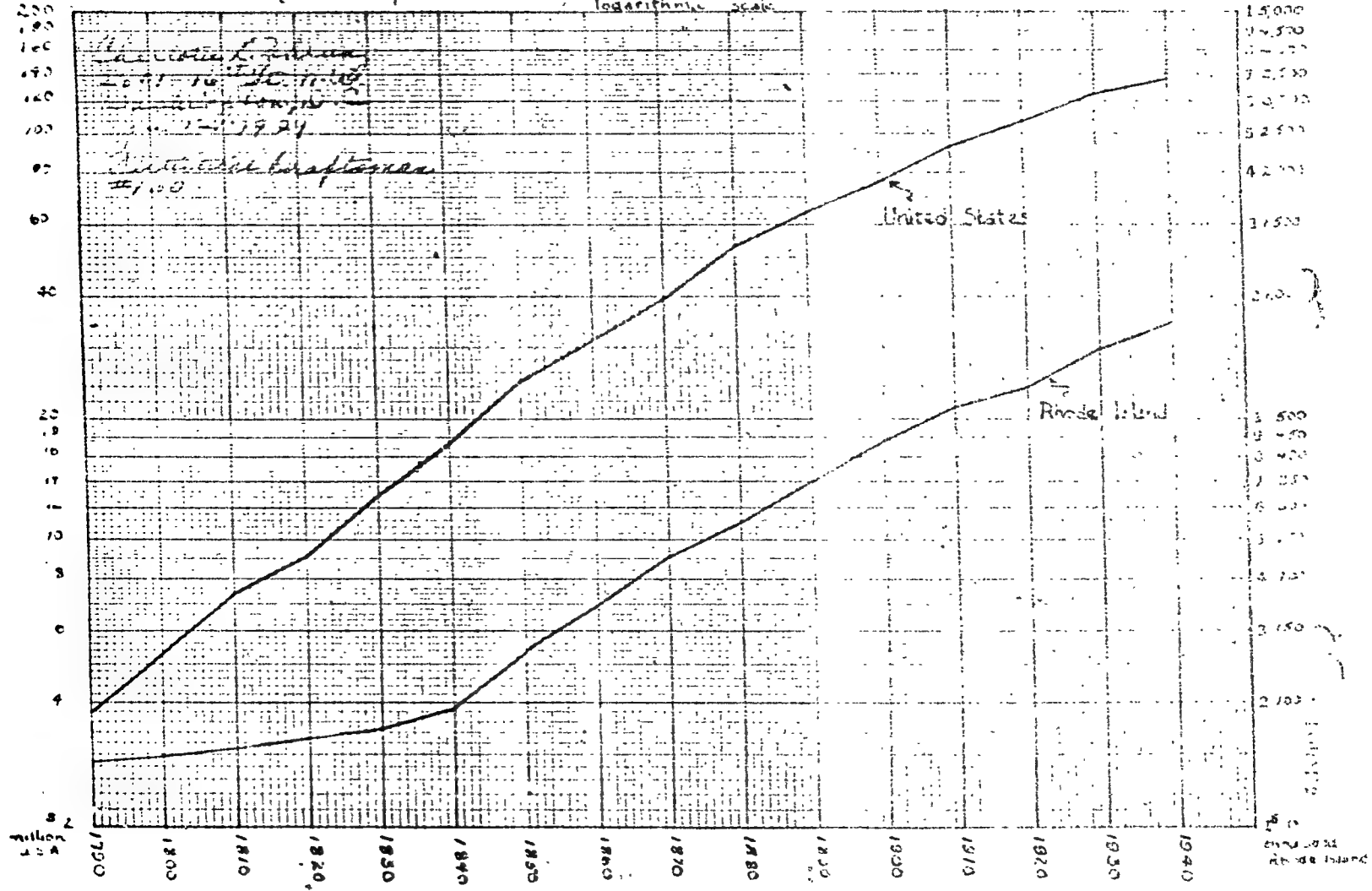


# TREND LINE FOR INDEX OF PRODUCTION OF MINERALS 1919-1940

*Classified by*  
*601 to 606, N.C.*  
*Washington, D.C.*  
*Jan 12, 1927*  
*Statistical Section*  
*#150*

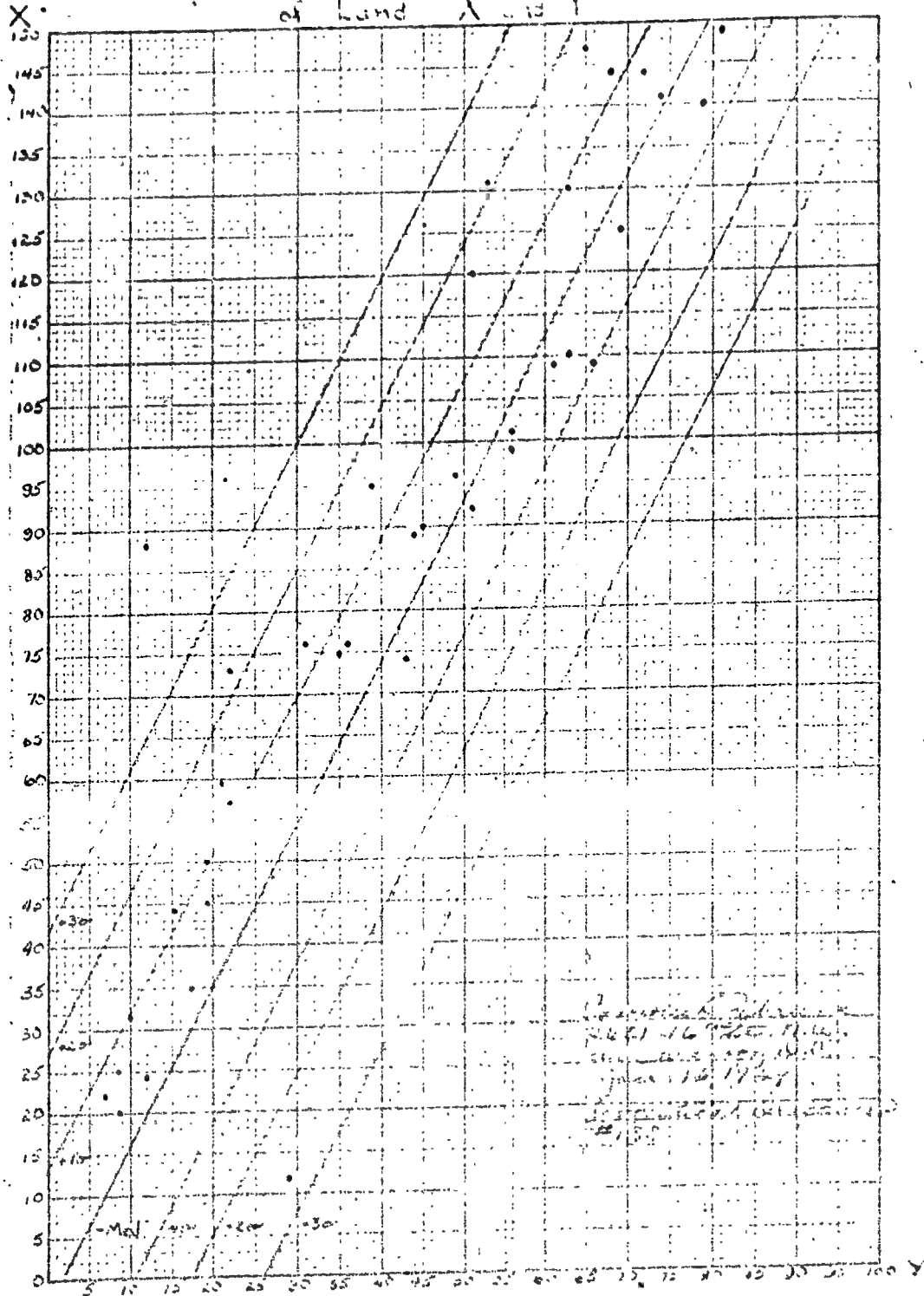
X = 6 mo.  
 origin 1929-1930

Change in Population of United States and Rhode Island - 1790-1940



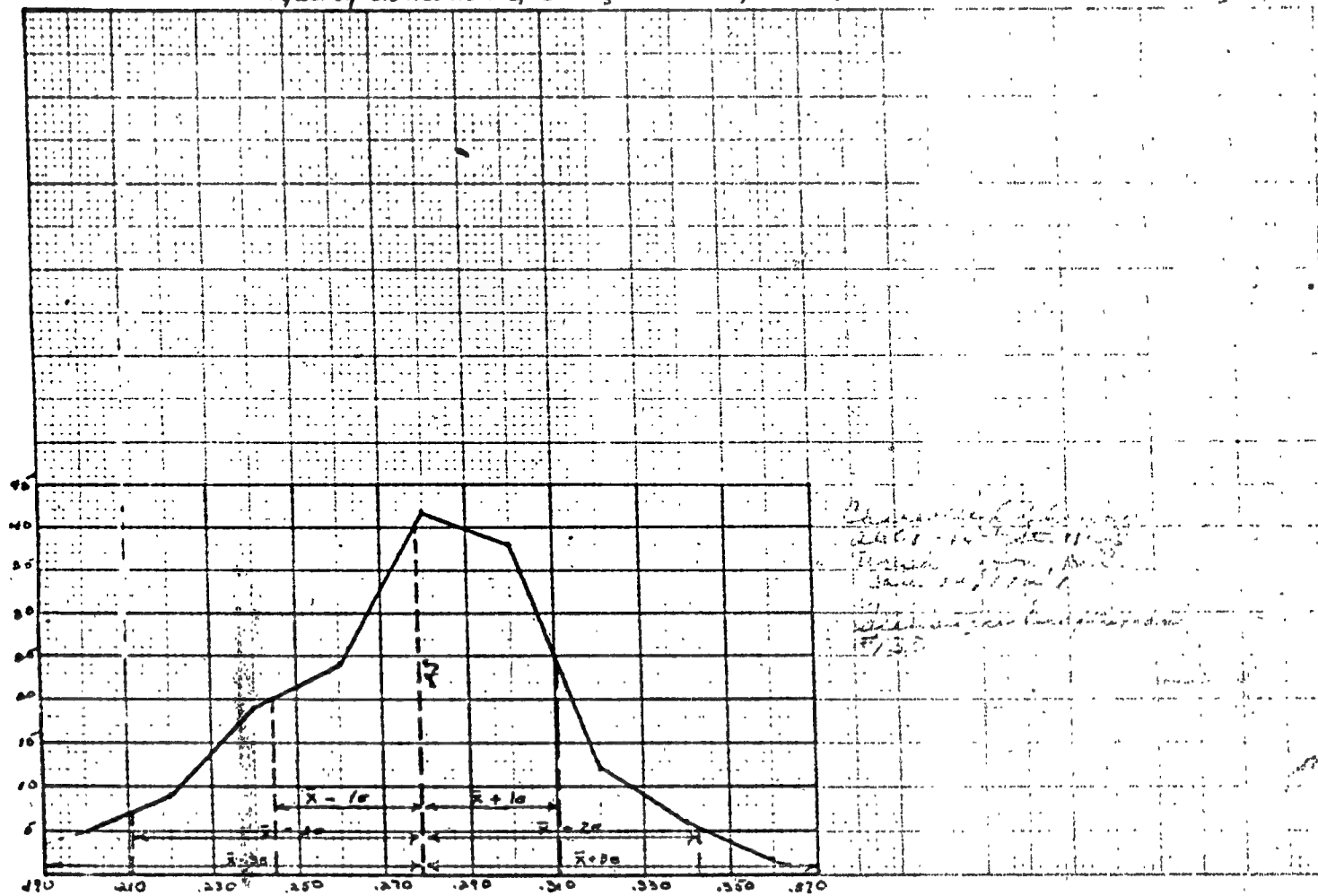
# Scatter Diagram Relationship Between value of Land X and Y

FORM 1





Frequency Distribution of Batting Records of 197 Regular American and National League, 1946

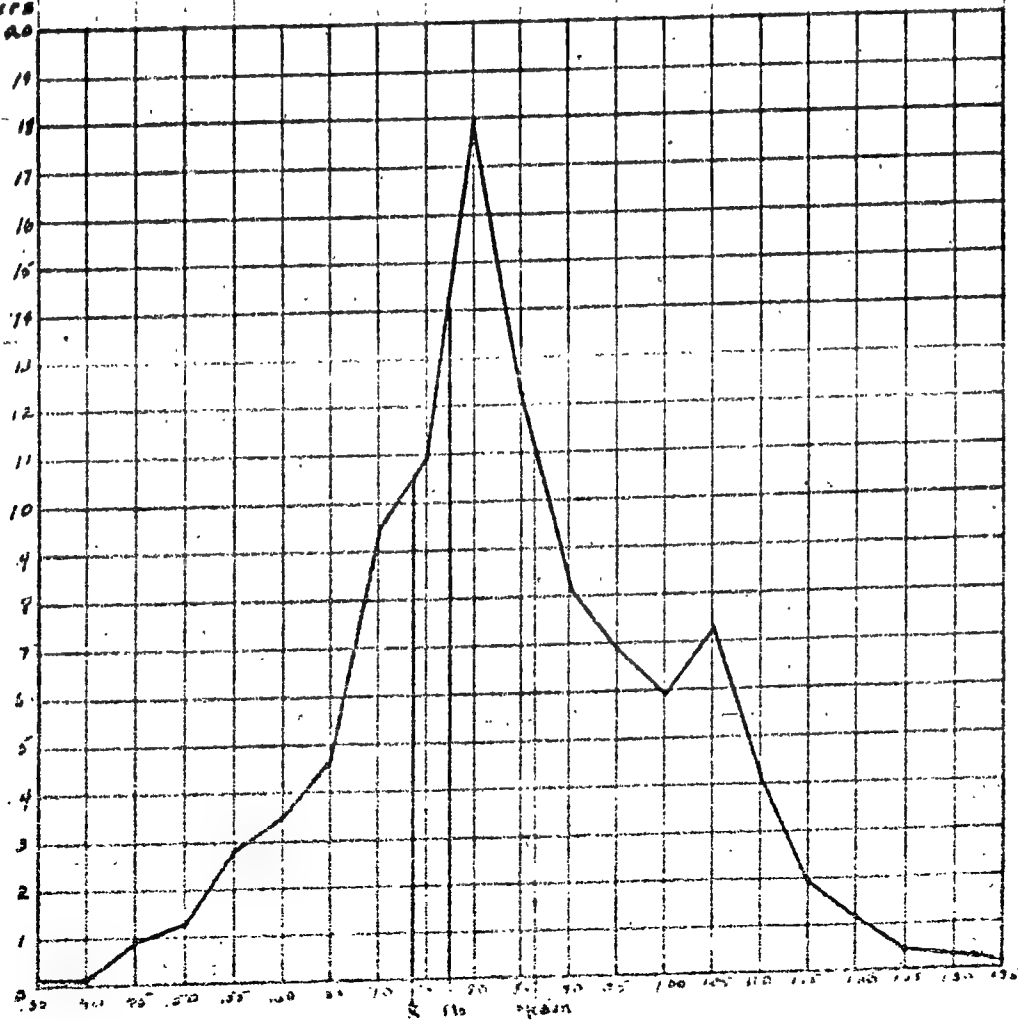


Cumulative Distribution of hourly Rate & Wages of  
 %'s of Union Motor-Track Drivers - June 1, 1940  
 A Less TABA Cumulative Distribution

FORM 1

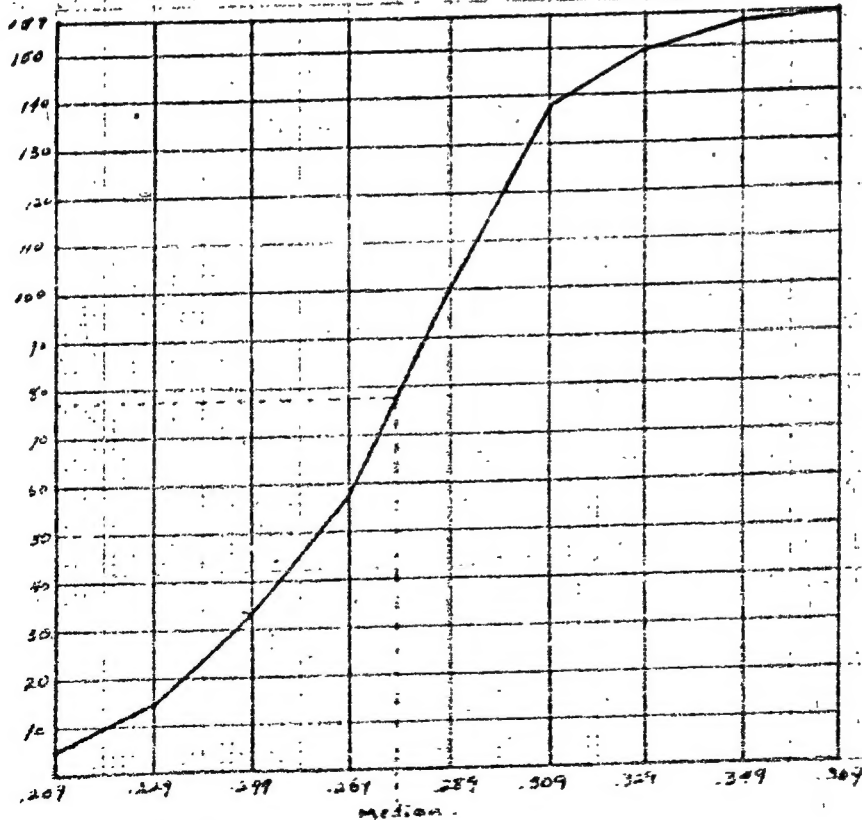
Charlotte T. Jennings  
 2401 16th St. N.W.  
 Washington, D.C.  
 Jan 10, 1944  
 Statistical Department  
 730

% of  
 drivers

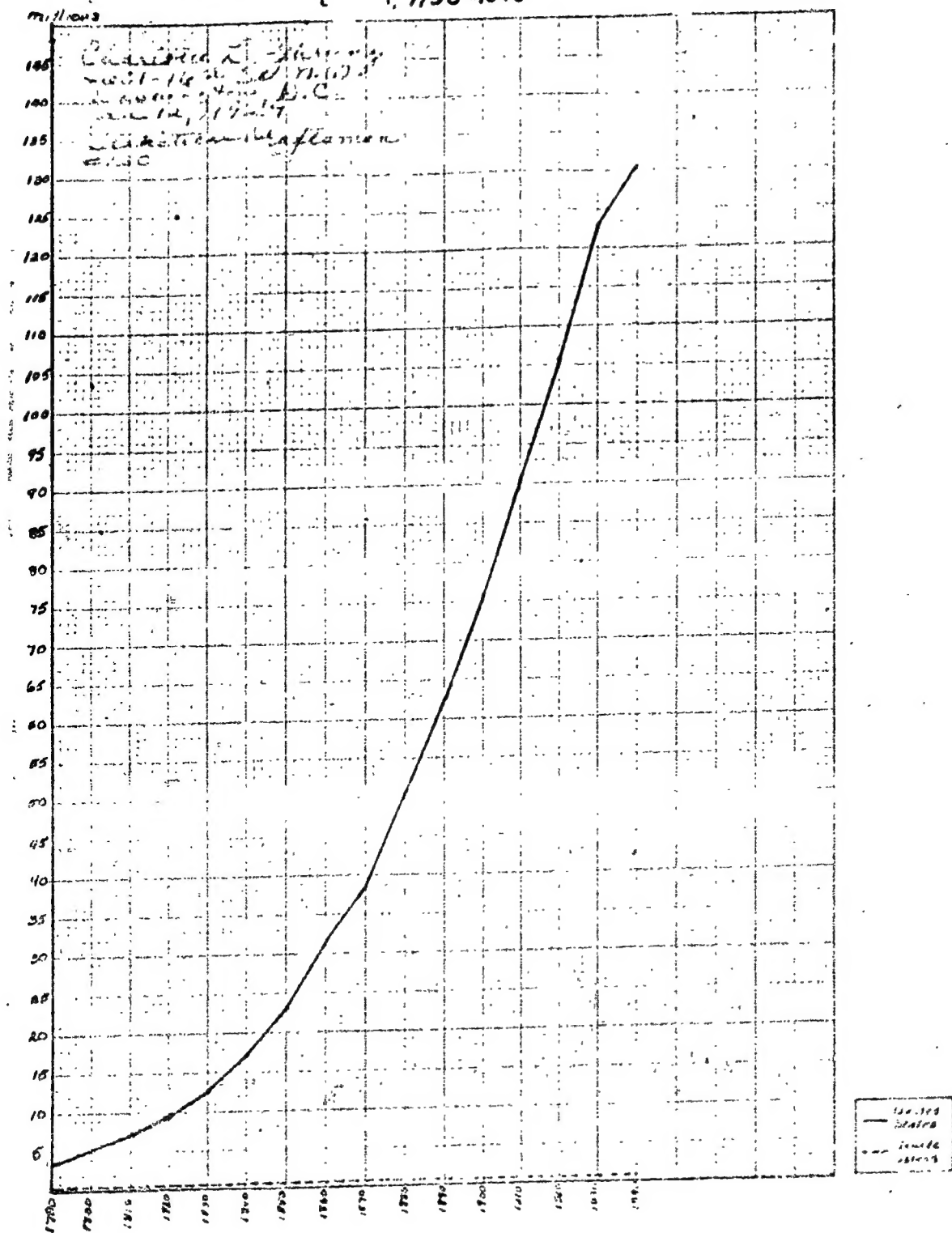


Cumulative Distribution of Batting Averages 1940  
 of American and National League Players  
 Receiving Slated Average or Less than

Charlotte L. Sprung  
 2601-16 14th St. N.W.  
 Washington, D.C.  
 Jan 12, 1949  
 Statistical Department  
 #130



# Population of Continental United States and Rhode Island 1790-1940



10-5244-1

24. REFERENCES List three persons living in the United States or Territories of the United States who are NOT related to you and who have definite knowledge of your job's duties and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 16 (EXPERIENCE).

Full Name	Present Business or Inc. Address (Give complete current address, including street and number)	Business or Occupation
Mr. Harry Schwartz	113 Remsey Ave Syracuse	teacher
Miss Theodosia Moran	Cazenovia N.Y. RD #2	teacher
Mr. Herbert Heulderman	11 Winding Way Dayton, O	personnel Frigidaire

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN		YES	NO	INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN		YES	NO
25	WAS OR ARE YOU BE AWARE OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER OR QUALIFICATIONS ETC?			35	ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE TERRITORY, COUNTY, OR MUNICIPALITY?		
					<i>If your answer is "Yes," give details in item 39</i>		
26	ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?			36	DOES THE UNITED STATES GOVERNMENT EMPLOY IN A CIVILIAN CAPACITY ANY RELATIVE OF YOURS (BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS?		
					<i>If your answer is "Yes," show in item 39 for EACH such relative (1) full name; (2) present address; (3) relationship; (4) Department or Agency by which employed; and (5) kind of appointment</i>		
27	ARE YOU NOW OR HAVE YOU EVER BEEN, A MEMBER OF THE COMMUNIST PARTY U.S.A. OR ANY COMMUNIST ORGANIZATION?						

29. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, OR MOVEMENT GROUP OR COMBINATION OF PERSONS WHICH ADVOCATES THE COUNTERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR OF AN ORGANIZATION ASSOCIATION MOVEMENT GROUP OR COMBINATION OF PERSONS WHICH HAS ADOPTED A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OF AMERICA, OR TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?

<p>If your answer to question 37, 38, or 39 above is "yes," state in item 3 the names of all such organizations, associations, movements, groups, or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership at activities therein</p>		<p>tion from active service in the armed forces of the United States in time of war</p>	
<p>37 (A) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR</p>		YES	NO
			<input checked="" type="checkbox"/>
<p>(B) IS THE WORD "HONORABLE" OR THE WORD "SATISFACTORY" USED IN YOUR SERVICE RECORD?</p>		YES	NO

30. SINCE YOUR 18TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED OR SUMMONED TO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING FOR WHICH YOU WERE FINED OR IMPRISONED OR PLACED ON PROBATION OR HAVE YOU EVER BEEN ORDERED TO POST BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE (EXCLUDING MINOR TRAFFIC VIOLATIONS FOR WHICH A FINE OR FORFEITURE OF \$25 OR LESS WAS		IN YOUR ENTRANCE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION?	
(C) WAS SERVICE PERFORMED ON AN ACTIVE FULL TIME BASIS WITH FULL MILITARY PAY AND ALLOWANCES?		(D) DATE OF ENTRY OR ENTRIES INTO SERVICE	
(E) DATE OF SEPARATION OR SEPARATIONS		(F) DATE OF SEPARATION OR SEPARATIONS	

<p>If your answer is "Yes," list all such cases under Item 39 below. Give in each case (1) the date; (2) the nature of the offense or violation; (3) the name and location of the court; (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken.</p>	<p>BRANCH OF SERVICE (Army, Navy, Marine Corps, Coast Guard, etc.)</p>	<p>SERIAL NO. (if none, give grade or rating at time of separation).</p>
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11. HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN, FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION? ☐ YES ☒ NO  
If not answer is "Yes," give in Item 39 the name and address of employer, date, and reason in each case

12. (A) IF YOU SERVED IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING THE TIME ONLY, DID YOU PARTICIPATE IN A CAMPAIGN OR EXPEDITION AND RECEIVE A CAMPAIGN BADGE OR SERVICE RIBBON? ☐ YES ☒ NO

2. HAVE YOU EVER BEEN BARRED BY THE U. S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS? If your answer is "Yes," give dates of and reasons for such debarment in Item 32	<input checked="" type="checkbox"/>	(B) ARE YOU A DISABLED VETERAN..... If so, and you have not listed your disability in answer to Item 33, explain in Item 32 below	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	(C) ARE YOU A VETERAN'S WIDOW WHO HAS NOT REMARRIED?.....	<input checked="" type="checkbox"/>

THIS SPACE FOR USE OF APPOINTING OFFICE ONLY

☐ I DO NOT RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY PAYMENT ACT ON ANY PERSON OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE.

If your answer is "Yes," give complete details in Item 39. Agency: Title:

SPACE FOR DETAIL ANSWERS TO OTHER QUESTIONS (Indicate item numbers to which answers apply)

[illegible]

If more space is required, use paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside this envelope.

Before signing this application check back over it to make sure that you have answered ALL questions correctly.  
I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

STATEMENT OF APPLICANT

1. NAME OF APPLICANT: Charles E. Johnson

2. ADDRESS: 1000 1st St. N.E. Washington, D.C.

3. CITY: Washington, D.C.

4. STATE: D.C.

5. ZIP CODE: 20002

6. DATE OF BIRTH: 10/10/1940

7. DATE OF APPLICATION: 10/10/1940

8. SIGNATURE OF APPLICANT: Charles E. Johnson

(Sign your name in INK (one given name, one family name, and one middle initial or initials, and surname). All female applicants must include "Mrs." or "Miss" before the family name.)